Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15565

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4	-	-	1130	-
	20	5	25	
-		-	4-1	-4
The St		22	. 40	V

	15567
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
O. COUNTY DORCHESTER MARYLA	AND O. STATE MD b. COUNTY DOR.
b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN	
write RURAL and give nearest town) 14 Mo.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
GLASGOW NURSING HOME	ON A FARM? YES NO
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) FLORENCE E	ADAMS DEATH // 12 1966
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR:   lost birthdoy   Months   Doys   Hours   Min
WIDOWED DIVORCED	Oct 21. 1880 (St. birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT
NONE	MARYLAND SOUNTRYS. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
VNKNOWN	UNKNOWN
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
(Yes, no, or unknown) (If yes give wor or dotes of service)	Diver C. ADAMS woolford Bloggy An
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	I INTERVAL BETWEEN
	Y OCCLUSION ONSET AND DEATH
DUE TO	7
Conditions, if ony, which gove ) (b)	
rise to immediate couse (o), (	
stoting the underlying couse (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	PERFORMED?
20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O	URRED. (Enter noture of injury in Port I or Port II of item 18.)
PRIMARY Or CONTRIBUTING	OKKED. (Either flotore of injury in Port 1 of Port 11 of frem 18.)
	DOD DIACE OF BUILDY III I DOL IC:
Hour o.m. While - Not While -	2De. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
p.m. '' of work 🗀 of work	
21. I certify that I took charge of the remains described abo	
death resulted fram: Natural causes 🔼 Accident 🔲,	Suicide, Hamicide, Undetermined manner
ACTUAL X 2	CHIEF MEDICAL EXAMINER
SIGNATURE Salm Moce	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINERS JOHN MACE JR.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE 25c. NAME OF CEMETE	ERY OR CREMATORY, 23d. LOCATION (City or Town) (County) (Stote)
12011AL 11/12/46 VAUREIL	Hill Cen. Interef Jussex Del
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
MANNAMENT Sacerel	Celel DATE NOV 18 1866 Charles Judga.

FOR STATE HEALTH DEVI deloy is in tem 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter deoth This certificate shauld be executed within 24 hours after death. If necessary, please execute the certificate, writing the ward "pending" in pendi 5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File the funeral director. Page 4 shauld be forwarded to the Chief Medical Ex TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending of siclan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEAD	LTH
- PINISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STRI	EET, BALTIMORE 1, MARYLAND
19900	CERTIFICATE OF DEATH	15568

	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
a	COUNTY MADVIAND	a. STATE D. COUNTY	or
b.	CITY OR TOWN (if butside corporate limits,   c, LENGTH OF STAY IN 1b	c. CITY OR TDWN (IT outside corporate limits, write RURAL	and give nearest town)
Fy	write RURAL and give nearest town)	Ezatal- market	9-1
-as	NAME OF HOPPITAL OR MOTITITION OF THE PARTY	Lasi New Marnel	e. IS RESIDENCE
	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
		Main	YES NO
	AME DF First Middle	Last 4. OATE Month	Oay Year
	Type or print) William Hugust Hsr	MUSSEN DEATH //	16 1966
5. S	EX / 6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE DE BIRTH 19. AGE (In years   IF UNOER 1	
IM.	The WIOOWEO I OLVORGEO I	2 /1/// / / / / /	Days Hours Min.
10a. U	SUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign country)   12, C\$1	TIZEN OF WHAT
during	most of working life, even if retired INOUSTRY	1/ /90	UNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	C. IT
1	2 to 1 to 1 to 1 to 2 to 2 to 2 to 2 to	14. MOTHER'S MAIDEN NAME	
17	omus Homussen	Maria Vensen	
15. W	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no, or unknown   (If yes give war or dates of service)	INFORMANT Address	M 14
	1XO Mr	SJ.M. Michardson East No	ewilarnel
1.1	8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	FROM PInul	INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY: Hepatic Insuffic		ONSET AND DEATH
	5111		11.465
	conditions, if any, which \ (a) Chronic Congest	ive Cardiac Failure & ?	
	ave rise to Immediate	ivo odratao rattare & .	
	euse (a), stating the OUE TO Previous Alcohol	4 gm	5yr
-	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA		119. WAS AUTOPSY
151.			PERFORMEO?
15	old Burnt out Chronic Rheumatoid	Arthrithe Bleeding Divert	CASITIB NO X
E 2	0a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE DF DEATH	IRREO. (Enter nature of injury in Part I or Part II of Item 18.)	
	R CONTRIBUTING CAUSE OF OFATH OF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	Hour a.m. While Not While at work	ry, street, office bldg., etc.)	
2  -	21. I certify that (I) (this hospital) attended the deceased from 6	123 , 1964, to 1/16, 196	رد, that (۱) (we) last
	saw the deceased alive on 11 15 19 6 4, and that	t death occurred at // A M, from the causes and on th	
1 2	22a. SIGNATURE		TE SIGNEO
	THE IN IN	ATTENOING MEO. STAFF	17-66
1 2	12c. PHYSICIAN'S	O. PHYS. OTRECTOR PHYS.	1100
11.	NAME (Type)	Preston md.	
-			-tu) (0tata)
1200	BURIAL, CREMATION, 23b. OATE THEREOF 230 NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town or cour	nty) (State)
124	Mal 11/10/06 Campriag	e Camproge,	1114
24.)	FUNERAL OURECTOR	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S	SIGNATURE
X	Me. Hurrigary Cast New Mars	Cel DATE NUV 18 1966 Icha	rlen Judge!
12	7 77		11 11

7, = 1 1, 2 Wase white some 8/7/1892 KOMUS HEMILSON MAKES SHASEN Mrs J. M. T. Chandson East Verillians Aries 1/18/06 Combridge

e	ms 18-21 Fi	14154	RYLAND STATE DE	PARTMENT OF	F HEALTH	
	15587	MEDICAL RES	SEARCH AND RECORDS	6, 301 W. PRESTO CERTIFICAT	N STREET, BALTIMORE	1, MARYLAND 15569
	PLACE OF DEATH a. COUNTY	rehester	MARYLANO	2. USUAL RESIDEN a. STATE	CE (Where deceased lived, If Instit b. COUNTY	
	b. CITY OR TOWN (if out write RURAL and give	e nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	foutside corporate limits, write	09.1
	d. NAME OF HOSPITAL O		In hospital, give street address)	d. STREET ADORESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First Helen	Middle  Le Bailey	Last	4. DATE Month OF DEATH November	
	Female	White WIDOW	/ED DIVORCED	8. DATE OF BIRTH 7/6/45	last birthday) M 21. yrs.	
url	.USUAL OCCUPATION (GIV Ing most of working life, Lekle factory	even if retired)	b. KIND OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?
点	FATHER'S NAME  Frederick			14. MOTHER'S MAI	Cartwright	
Ye	. WAS DECEASED EVER IN U s, no, or unknown) (If yes gi	J.S. ARMED FORCES? ive war or dates of service)	16. SOCIAL SECURITY NO. 17.  Unknown		Address mbridge Hespital	
	PART I. DEATH WA		er line for (a), (b), and (c).] Pending Autopsy	Broncho	Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 2 days
	Conditions, if eny, wh gave rise to immedicause (e), stating	late (	Carbon Monoxid	e poisonin	g	2 days
	underlying cause last. PART II. OTHER SIGNIFIC	(c) CANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	ART1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. EXTERNAL CAUSE PRIMARY D or CONTRII CAUSE OF DEATH.	BUTING [	o. DESCRIBE HOW INJURY OCCU Found in auto w	ith motor	running	
	20c. TIME OF INJURY Hour a.m. 11 p.m.	-6 66 W	d. INJURY OCCURRED 2De. PLA factor work et work	ACE OF INJURY (Home, 1 bry, street, office bldg., reet	etc.)	(County) (State)  Dorch Md.
	death resulted from		remains described above, he , Accident X, Su	icide, Homic	AL EXAMINER	nanner
	ACTUAL SIGNATURE EXAMINED'S	John Mace J	- Gr	DEPUTY MEOI	EDICAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL COUNTY)	22. DATE SIGNED
3a	NAME (Pype)  BURIAL EREMATION, REMOVAL (Specify) BURIAL		23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tow Milton, Del	

REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

1966

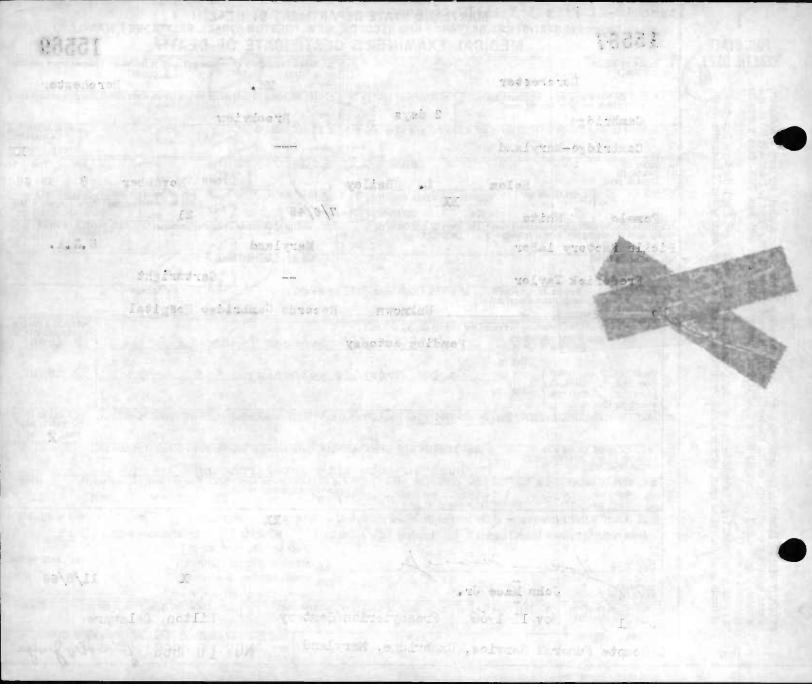
DATE

Milarles Judge

LeCompte Funeral Service, Cambridge, Maryland

VR A15ME 3500 4-64

24. FUNERAL OIRECTOR



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the femeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

15570

1. PLACE OF DEATH a. COUNTY //	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
Dorchester MARYLAND	a. STATE b. COUNTY	000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town)
(3M Dridge 4 days	Hurlack	09.1
d-NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Cambridge Maryland		YES NO DE
3. NAME OF First Middle -	Last   4. DATE Month	Day Year
DECEASED (Type or print) Lilliam Power L	SUSTA DEATH //	.3 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	
remale white WIDOWED DIVORCED	1/14/1896 Jast birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. QI	TIZEN OF WHAT
HOUSE WORK	Maryland 9	18 1H
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Sbear	Sarah Harber	
15. WAS DECEASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unkown)   (If yes give war or dates of service)	INFORMANT	, ,
1/0	ohn Busta Hurlock	Md
16. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 1 1	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	sulos Occident	Sdans
443X DUE TO	A 1/1	
Conditions, If any, which ) (b)	2º C [/ [)	mrs.
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELIED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTION	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
L CO		YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCI   OR CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTION   CONTRIBUTIO	URRED. (Enter nature of Injury in Part I or Part II of Item 18.	.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
19 Harris Annie 19 Facto	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
Hour a.m. p.m.  19 While Not While at work		
21. I certify that (I) (this hospital) attended the deceased from		C, that (I) (we) last
	nt death occurred at 270 P.M., from the causes and on the	
22a. SHGNATURE		ATE SIGNED
22c. PHYSICIAN'S M.I	D. PHYS. DIRECTOR PHYS. //	1-4-66
NAME (Type) Wilbur N. Baumann, M.D.	603 Church St. Cambridg	e. Md.
23a BIRIAL CREMATION   23b DATE THEREOF   23c NAME OF CEMETER		
BREMOVAL (Specify) 11/5/66 Washin	aton Hurlonk	md
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Suth S. Helloughor Coast How III	aslitate NOV 9 1966 Police	ulo. O
4		THE YELL

VR A15 (4) 15M 4-64 Manual . There is a second of the contract of

A CONTRACTOR OF THE PROPERTY O

FOR STATE HEALTH DEP

TO DEPUTY N. SICAL EXAMINER: This certificate should be executed within 24 bours after death. If any decay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Check ages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMC. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

15569	WE	DICAL	EXAMINER'S	CERTIFICA	TE OF	DEATH	15	571	
o. COUNTY DOTC	н hester		MARYLAND	2. USUAL RESIDEN	ryland	b. COUN		heste	
	(if outside corporete limit d give neerest lown) OCK	5,	Life	c. CITY OR TOWN	(If outside corur lock	porate limits, write	RURAL and giv	e neerest to	own)
	ITAL OR INSTITUTION (II	not in hospite	el, give street eddress)	d. STREET ADDRESS	ones V	illage			RESIDENCE NA FARME
3. NAME OF DECEASED (Type or print)	First	aham	Middle Lincoln	Cephas	4. DATE OF DEATE	Month H Nov			966
s. sex Male	6. COLOR OR RACE	7. MARRIED [ WIDOWED [	TARTER MOURIDED	ebruary 12,		9. AGE (In years last birthday) 42 yrs.	Months Deys	_	ER 24 HRS. Min.
done during most of w Day Labor	FION (Give kind of work orking life, even if retired BY	)	of Business or industriction				12. CITIZEN		COUNTRY
13. FATHER'S NAME	hn H. Cephas			14. MOTHER'S MAIDEN	-				
	/ER IN U.S. ARMED FOR ( If yes give wer or deles of se	rvice)	CIAL SECURITY NO. 17. 1. 8-16-9930 Me	NFORMANT NTY L. Johns	on, Hu	Address rlock, Ma	aryland	117	
The state of the s	TH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO						1	nterval bi onset and onstan	DEATH
Conditions, if an gave rise to Immed (a), stating the cause lest.	liate cause								
PART II. OTHE  20e. EXTERNAL C PRIMARY TO OF CO		ONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)		AUTOPSY ORMED? NO
	ONTRIBUTING   T		HOW INJURY OCCURRED.  d Was Walking				ck by ar		
20c. TIME OF INJ	JRY Month, Day, Year		URY OCCURRED   200. PLA	CE OF INJURY (Home, ferr		y or town)	(County)		(State)

CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, fown, or of the Race

EXAMINER'S NAME (Type) Lawrence Maryanov M.D. Add 22. BURIAL, CREMATION, REMOVAL (Specify) Burial Nov. 15, 1966

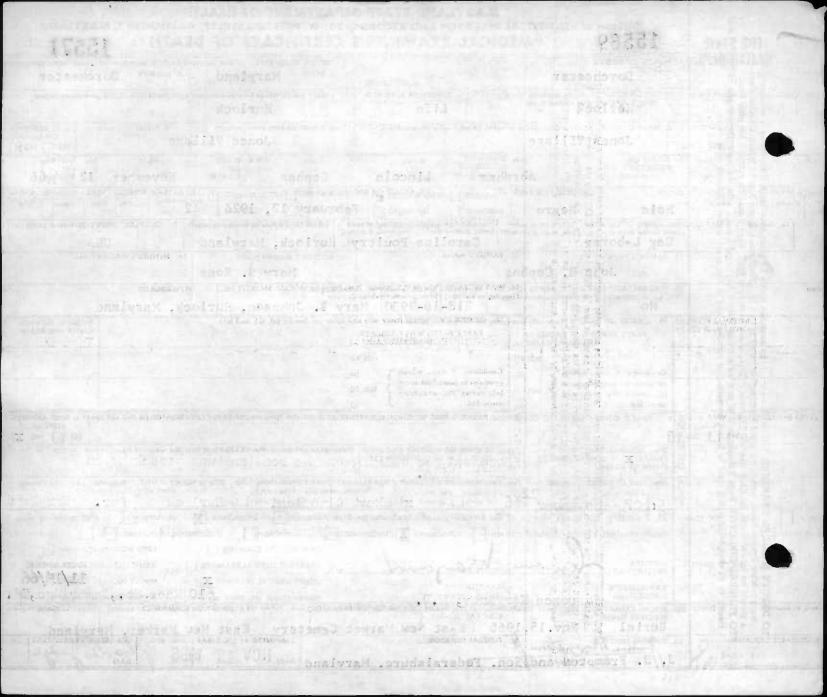
Framptom and Son,

St., Cambridge, Md. 22d. LOCATION (City, town, or county) (State)

East New Market Cemetery
ADDRESS | 24e. 8 23. FUNERAL DIRECTOR elew

ery East New Market, Maryland
248. REC'D BY REGISTRAR 246. REGISTRAS'S SIGNATURE 1966 Federalsburg, Maryland DATE NOV

VR A15ME 5M 1/63



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

15570 FOR STATE HEALTH

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death. If

PM3. Poge

any delay is

To Funeral Directions of your files.

To Funeral Directions of your files.

To Funeral Directions of your files.

Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessory, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4	-	-	9	0
8	3	7	1	2

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	o. COUNTY DARAGE MARYLAND	O. STATE MARYLAND b. COUNTY Somerset
	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CLTX OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Rural - Cambridge 14. 2ms 9days	Rural - PRINCESS ANN
1	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address)	d'STREET ADDRESS   e. IS RESIDENCE
3	Eastern Shore State Hospital	/ / / Z ON A FARM? YES NO N
	3. NAME OF DECEASED (Type or print) Millard Das	Lost 4. DATE Month Doy Year OF DEATH NOV! 19 19 66
		B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Male White WIDOWED   DIVORCED	11-20-97 lost birthdoy) Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Waterman In ater	Maryland. U.S.a.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN Dashiell	Lula Dashiell
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes give wor or dotes of service)	NFORMANT Med. Records, Address
	CNKNOWN 217-12-430/1-a	ISTERN STORE State Stospital
	PART I. DEATH WAS CAUSED BY.	NTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	I morning of day
1	DUE TO	2. 1 1 3 me.
	Conditions, if ony, which gove rise to immediate couse (a),	with a few some.
	stoting the underlying couse DUE 10	7
ď	lost. (c)	TIO WAS AUTODOV
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
)	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 1B.)
	PRIMARY Or CONTRIBUTING THE CAUSE OF DEATH.	center notice of injury in Port to Port II of them 18.)
		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
4	Hour om. 8/15/1966 While Not While of work of work	ory, street, office bldg., etc.)
1	21. I certify that I taak charge of the remains described above, he	ld an Autapsy , Inspection Inquiry , and in my apinion
d	death resulted fram: Natural causes , Accident Suic	ide, Hamicide, Undetermined manner
	ACTUAL CALL 2	CHIEF MEDICAL EXAMINER
	SIGNATURE John Mary	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINERA JOHN MACE JR	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
	230 BURIAL (REMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 234 LOCATION (City or Town) (County) (Stote)
	1014, 1100 PILITE	10250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	24 FUNERAL DIRECTOR	h. A
/	The period of the	DATE NOV 2 2 1856 Charles Judge

# IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR ATS (4)

J. Framptom and Son

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15571		CERTIFICATE	OF DEATH		15573
1. PLACE OF DEAT •. COUNTY	Dorchester	MARYLAND		1	ntion: Residence before edmission Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Vienna, Maryland R.D.  Life  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R.F.D. # 1-Box 183  R.F.D. # 1-Box 18	If outside corporate limits, write RUR	AL end give nearest town)			
Vienna	, Maryland I	R.D. Life	Vie	nna, Maryland R	ural 09./
d. NAME OF HOSPI	ITAL OR INSTITUTION (if	not in hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE  ON A FARM
R.F.D.	# 1-Box 18:	3	R.F	.D. # 1-Box 183	YES NO A
DECEASED					Dey Yeer 17 19 66
5. SEX	6. COLOR OR RACE 7	MARRIED X NEVER MARRIED TIE	B. DATE OF BIRTH		NDER 1 YEAR   IF UNDER 24 HRS.
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		Royal Pkg. Co., VI			. U.S.A.
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15 MAS DECEASED EN					
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18. CAUSE OF I	DEATH [Enter only one c			, /	
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	D SIGNIFICANT CONDITION	ONE CONTRIBUTING TO BEATH BUT NO	OT DEL ATED TO THE TERME	NAL DISEASE CONDITION CIVEN IN	L DARY 1/-1: 10 MAC ALITORSY
TAN II. OTHE	K SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMIN	NAE DISEASE CONDITION GIVEN IN	PERFORMED?
	CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRI	ED. (Entar nature of injury i	n Part I or Part II of item 18.)	
20c. TIME OF INJU	JRY Month, Day, Yaar				(County) (State)
p.m.	19	at work at work	1.1.	1 1/11/11	
	/()	11 (11)	/ / /	31/	
	sed alive on	, and that	death occurred at J		
22a. SIGNATURE	aurence h	1 anjuner "	I.D. PHYS.		11/19/6 1. SIGNE
		nee Maryanol	22d. ADDRESS 6/6/820	e St Camb.	ridge ml
B. COUNTY  Dorchester  MARYLAND  L. C. LINGTH OF STAY IN 18  L. C. LINGTH OF STAY IN 18  WYNE MURAL and give nearest lemits, write RURAL and give representations. Report Rural and give representations and give nearest lemits of the Rural and give representations. Report Rural Rural and give representations. Report Rural and give representations. Report Rural and give representations. Report Rural Rural					
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r this certificate hadetached for use a te Dept. of Health p

DIRECTOR: After age 3 should be dilled with the State

BURIAL, CREMATION, 23b. REMOVAL (Soecify)

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FUNERAL DIRECTOR

DATE THEREOF

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The law requires that the

PHYSICIAN:

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15572 CERTIFICATE OF DEATH

Dorchester

Day

12. CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE

YES

ON A FARM? NOT

Year

1966

Md INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(State)

(State)

PERFORMED? NO T

YES T

DATE SICNED

(County)

REGISTRAR'S SICNATURE

22b.

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LOCATION (City, town or county)

REC'D BY REGISTRAR | 25b.

1966

2. USUAL RESIDENCE (Where deceased lived, If institution. 1. PLACE OF DEATH a. COUNTY b. COUNTY Dorchester Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENCTH OF STAY IN 1b Lifetime Church Creek Church Creek d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Church Creek Md. Church Creek Md Month NAME OF First Middle Last DATE DECEASED (Type or print) DEATH Carria Edna Dunnock November ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH 5. SEX 892 WIDOWED DIVORCED Jan. Female White VIS. 10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Church Creek Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bowdle Robinson Annie Willis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Richardson Donald Cambridge 21/1-36-60 18. CAUSE DF DEATH | Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9 saw the deceased alive on. M. from the causes and on the date stated above. 22a. SICNATURE ATTENDING PHYS. DIRECTOR PHYS M.D. 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

Md.

Cemeterv

DATE

Cambridge

Cambridge

director, page should be filed v Puse 4 may FUNERAL I 2 VR A15 (4) 2DM 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15573	CERTIFICATI	E OF DEATH		15576
	1. PLACE OF DEATH O. COUNTY DOLCHESTER	MARYLAND	2. USUAL RESIDENCE ( o. STATE	Where deceosed lived, if institute b. COUNTY	ion: Residence before admission)
-	b. City OR TOWN (If autside carparate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTRUTION (If nat in haspi	c. LENGTH OF STAY IN 1b	d. STREET ADDRESS	uside corporate limits, write RUF	BAY 332  e. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print)  S. SEX 6. COLOR OR RACE 7. MARR	Middle B,	Edie  8. DATE OF BIRTH	4. DATE Mont OF DEATH //	YES NO.
	WIDOV  10o. USOAL OCCUPATION (Give kind of work done ID	VED DIVORCED DIVORCED DIVORCED	03-26-	8 3 State, or fareign country)	Months Days Haurs Min.  12. CITIZEN OF WHAT
	durin(most of working life, even if retired)  13. FATHER'S NAME  The same and the s	lens	14. MOTHER'S MAIDEN	ma 50-	gountry? A
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes: 20. or unknown) (If yes give wor or dates of service)	220-26-7712 &	INFORMANT.	exide C	andridge me
/	IB. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	e for (a), (b), and (c).)  Mystan die  Julmon an  Calmiral a	d infar y pres lobalita	etim immia	interval between onser and death  a wak  years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CALL SEVAMINED  (IF EITHER MOTIFE WEDICAL SEVAMINED)	V			9. WAS AUTOPSY PERFORMED? YES NO
		b. DESCRIBE HOW INJURY OCCURRED.			
	Haur a.m. 19 at	While Not While for	ACE OF INJURY (Home, for ctory, street, office bldg., etc.	)	(County) (Stote)
	21. I certify that (I) (this hospital) at sow the deceased olive on	2 4 19 6 G and the	ot death accurred of ATTENDING PHYS. 22d. ADDRESS		and on the date stated abay  22b. DATE SIGNED  11-24-66
	230. BURIAL, CREMATION, 23b. DATE THEREOF 11/28/196			23d. LOCATION (City or To Oxford, M	d.
1	Maure E. Leeron	SON EASTON,	Mod DATE C	D BY REGISTRAR 2Sb. RE	EGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or remayal, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

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2Sq. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

20 M 1/66

REMOVAL (Specify) FUNERAL DIRECTOR

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**ATTENDING PHYSICIAN:** The low requires

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15575 CERTIFICATE OF DEATH funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY TALBOT a. COUNTY DORCHESTER MARYLAND c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ST. MICHAELS 7 WEEKS RURAL CAMBRIDGE E. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hin 72 ASTERN SHORE STATE HOSPITAL NAME OF Middle First 4. DATE Month pou completely DECEASED RUSSELL CLIFFORD FAIRBANK S NOVEMBER 3 (Type or print) DEATH D S. SEX 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) 9/2/04 MALE WHITE WIDOWED DIVORCED pud 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) during most of warking life, even if retired) INDUSTRY Mn. CLERK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo CLAY R. FAIRBANKS ELVA SEYMOUR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give wor or dates af service 0 704-18-1410 HOSPITAL RECORDS cremation, 1B. CAUSE OF DEATH (Enter only one couse per line lar (a), (b), and (c),) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) arternschentic heart disease DUE TO buriol Conditions, if ony, which gave rise to immediate cause (o), DUE TO stating the underlying couse the r to hos been Heolth prior as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the hospital or this certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH JO. detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) Hour o.m. factory, street, affice bldg., etc.) Not While After 19**5**6 , ta. 21. I certify that (I) (this hospital) attended the deceased fram. SEPT. Nov. be retained 0 saw the deceased glive an November 3 1966, and that death accurred at 3:20 M. fram causes and an the date stated above. DIRECTOR: 22a. SIGNATURE auso MD PHYS DIRECTOR be filed E. S. S. HOSPITAL, CAMBRIDGE, MD. 22c. PHYSICIAN'S BARROSO TO FUNERAL director, should b 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)

24. FUNERAL DIRECTOR

VR A15 (4)

2Sq. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

(County)

22b. DATE SIGNED

11/3/66

(County)

e. IS RESIDENCI

ON A FARM?

NO

19 66

IF UNDER 24 HRS.

U.S.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS

19\_66 that (1) (we) last

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IF UNDER 1 YEAR

12. CITIZEN OF WHAT

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15576

## CERTIFICATE OF DEATH

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1. PLACE OF DEAT	H		2. USUAL RESIDENC	E (Where deceosed lived, if institution:	Residence before admission)		
	RCHESTER	MARYLAND	MARYLAND SOMERSET				
b. CITY OR TOWN (If autside carparate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside carporate limits, write RURAL o			
	and give nearest tawn)		2000	0	10-7		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		4 MONTHS	d. STREET ADDRESS	QUARTER	T & IC DECIDENCE		
			U. SINEEL ADDRESS		e. IS RESIDENCE ON A FARM?		
EASTERN	SHORE STATE H	OSPITAL			YES NO		
NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE Month	Doy Year		
S. SEX	6. COLOR OR RACE 7		8. DATE OF BIRTH	9. AGE (In years IF	24 1966 UNDER 1 YEAR   IF UNDER 24 HRS.		
) JEA		. MARRIED NEVER MARRIED	O. DAIL OF DIKIN		onths Days Hours Min.		
MALE	NEGRO	WIDOWED DIVORCED	06-01-91	75 Yrs.			
uring most af wark	TION (Give kind af wark dane ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		nty & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
LABORE		FARMING	MARYLAN				
3. FATHER'S NAM			14. MOTHER'S MAIDE	EN NAME	tor 1		
HENRY F	IELDS		Molli	E FIELDS	y s		
	EVER IN U.S. ARMED FORCES?		INFORMANT	Address			
	(If yes give war ar dotes of se	216-18-2200	DECORDE OF	THE EASTERN SHORE	STATE HOSDITA		
IK NOWN	DEATH /F-A		NECORDS OF	THE LASTERN SHORE	INTERVAL BETWEEN		
18. CAUSE OF	PEATH (Enter only one couse DEATH WAS CAUSED BY:	per line for (o), (b), and (c).)	o of An	for T.	ONSET AND DEATH		
17	IMMEDIATE CAUSE (o)	our cora	y Org	rood on	nan		
4201 DUE TO							
Canditians, if	any, which gave ) (b)						
	liote couse (o), DUE TO						
lost.	nderlying couse (c)						
			THE TERMINAL DISEASE	COMPLETION CONTROL IN DARK 1/-3	19. WAS AUTOPSY		
PAKI II. UIHE	C SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	PERFORMED?		
5					YES NO		
20o. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury	in Port I or Part II af item 18.)			
(IF FITHER NOT	ING CAUSE OF DEATH (IFY MEDICAL EXAMINER)						
20c TIME OF	INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, f	form. 20f. (City or town)	(Caunty) (State)		
	o.m.		ctary, street, office bldg.,		(20010)		
4	p.m. 19	ot work U					
		al) attended the deceased from_		, 19, ta	., 19, that (I) (we) la		
saw the	saw the deceased alive on						
220. SIGNATURE / 22b. DATE SIGNED							
M.D. ATTENDING DIRECTOR DIRECT							
22c, PHYSICIAN'S 22d, ADDRESS							
NAME (Type) FELLIPPE DOMINGUEZ M.D. EASTERN SHORE STATE HOSPITAL							
	IGELIALE						
23a. BURIAL, CREM				23d. LOCATION (City or Town)	(County) (State)		
BUSHOW	1	8/66   Macedonia		Dames Quart	er Maryland		
24. FUNPRAL DIRE	CIOP 2	ADDRESS	nc. D	EC'D BY REGISTRAR / 2Sb. REGIST			
	NO IN	- Muli	250. K		KAK		
Mest	ian +	James HH	250. K	NOV 2/8 1966	Milarles Judy		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15577

CERTIFICATE OF DEATH

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			100						
		PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before odmission)					
		Norche 37 er MARYLAND	Ma. W.	w. Co.					
-	/	b. CITY OR TOWN (If outside corparate limits,	c. CITY OR TOWN (If autside carparate limits, write RURAL and give	neorest town)					
7	1	Amphiage 2mos	MandellH P	e. IS RESIDENCE					
	2	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	ON A FARM?					
5	6	astern Shore State HOSP	X × ×	YES NO NO					
	-	NAME OF First Middle DECEASED (Type or print) JAMES	DEATH ADATE Month OF DEATH	23 19 66					
	S. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.					
	WIDOWED DIVORCED 5-19 /4 XXX vi32								
		10a. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Sate, ar fareign country) 12. CITIZ during most of working life, even if retired (Substitute of County & Sate, ar fareign country) (NDUSTRY COUNTRY)							
	13.	PATHER'S NAME	14. MOTHER'S MAIDEN NAME DESKIEL	ds 1					
	6	WALC JUATT 13	6mm A XXXXXXX	XXXXXXX					
7	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT 1 O I Iddress	0 / /					
	(78	(If yes give war or dates of service) 216-03-6227	ecords 6. 5.5. Hosp-6	ambridge					
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c));		INTERVAL BETWEEN					
7		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) By on the by	General's and	ONSET AND DEATH					
1	Е	HY/X DUE TO	0 01						
80		Canditians, if any, which gave (b)	en gentex su						
W	Н	stating the underlying cause							
		last. (c)		1					
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO					
	RTIFIC	20₀. ACCIDENT WAS UNDERLYING ☐ 20₺. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)						
		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL		ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	nty) (Stote)					
		21. I certify that (I) (this haspital) attended the deceased fram_	5 -19, 1966 to 11 - 23, 196	that (I) (we) lost					
		saw the deceased olive on 11-23 1966 and that death occurred of 11 M, fram causes and on the date stated obave.							
H		220. SIGNATURE W Keeled Parthologin	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 11.	TE SIGNED					
		22c. PHYSICIAN'S NAME (Type) Bode U. Rieckart	E- New Kan ko	x, kd					
11	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)					
		Bury (artify) Nov. 27, 1966 Head of Cree	k Cemetery Near Quantico, M.	aryland					
1	24	ELINERAL DIRECTOR ADDRESS	2So. REG'D BY REGISTRAR 2Sb. REGISTRAR'S SI						
1		frampton Funeral truck redera	clibra DATE NOV 28 1986 Julian	Ces Juages					

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

h	15578			CERTI	IFICATE	OF DEATH			1:	558	31	
	LACE OF DEATH COUNTY DORG	CHESTER	4,24		RYLAND	a. STATE	LAND	ceosed lived, if institut b. COUI	WORC	ESTE	ER	"
C A	write RURAL and AMBRIDGE NAME OF HOSPITA	L OR INSTITUTION (If no	ot in haspital, gi			C. CITY OR TOWN (IF  BISHOP,  d. STREET ADDRESS		parate limits, write RUI	RAL and give r	e. [	IS RESIDI	RM?
	AME OF	DRE STA TE	HOSPITA	Niddle		Last	4. DA1	re Mont	th	Doy	Уеп	-
D	ECEASED ype or print)	ORLAN		Middle	HA	\LL	OF DEA			1	196	
S. SI	MALE	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARR		1 -20 -9 1		9. AGE (In years last birthday) 75 yrs.	IF UNDER 1 Y		Haurs	24 HRS. Min.
durin	g most of working li		IND	D OF BUSINESS OR USTRY	m	11. BIRTHPLACE (Coun	AND	r foreign country)		EN OF WITRY?	/HAT	
		IN U.S. ARMED FORCES? If yes give war or dates	of service) 22	OCIAL SECURITY NO.  2 -10-19	20	14. MOTHER'S MAIDEN  FLIZA:BI  NFORMANT  CORDS OF TI	етн Н.	Addre		E He	SPL	TAL.
	PART 1. DEATH  45 0 0  Conditions, if ony, nise to immediate stating the underlost.	ying cause DUE	(o) PNE (c) GE (c) GE (c)	JMANIA HERAL DEB	ARTE	RIOSCLEROS				ONSET	AND DE	ATH
ATION	PART II. OTHER SIG			O DEATH BUT NOT R	RELATED TO T	HE TERMINAL DISEASE O	ONDITION (	GIVEN IN PART 1(a)		PE	AS AUTO	PSY D?
CERT	20a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED. (	Enter noture of injury i	in Part I or	Part 11 of item 1B.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Haur a.m. P.m. 19 of wark at wark 20f. (City or town) (County) (State)											
	21. I certify that (this haspital) attended the deceased from <u>Oct 11</u> , 1966, ta <u>1100-1</u> , 1966, that (the (we) last saw the deceased alive an <u>1100-1</u> , 1966, and that death accurred at <u>1530-1</u> M, from causes and an the date stated above.											
	22a. SIGNATURE  ATTENDING MED. STAFF  DIRECTOR PHYS. MED. PHYS. PHYS. MED. PHYS. MED. PHYS. P											
	22c. PHYSICIANS NAME (Type)	JOHN B. V	VEBSTER	M.D.		EASTERN	SHOR	E STATE HO	SPITAL			
	BURIAL, CREMATION REMOVAL (Specify)	! nov!		23c. NAME OF CE	METERY OR (	Cem,	u	LOCATION (City or To Ralignell	1 Word	cester		ote)
24.	FUNERAL DIRECTOR	and T	9/11	ADDRESS	4. 16	250. RE	NOV	7 1966	EGISTRAR'S SIG	rles	Que	Lar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permic. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

Edinos ! THE THEATYPE CHARLES TO THE COURSE OF THE CO MARSAELS -+ CONTRACTOR 7 260 Derichen ather month estead on the compact the Section of the second section of the second CENTRAL PUR STARFER N DESCRIPTION OF THE PERSONS SP (10) 10 (10) 10 (10) 10 (10) 10 (10) 10 (10) 10 (10) 10 (10) 10 (10) 10 (10) 10 (10) 10 (10) 10 (10) 10 (10 SHIP SYSTAM STANDS TAXABLE MATTER TOOLS DESIGNED

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15579 CERTIFICATE OF DEATH

15582

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)					
(	o. COUNTY	o. STATE b. COUNTY					
-	PERCHESTER MARYLAND	MARJAND TRIbet					
1	b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
1/	7 write RURAL and give neorest town?  Ambeider - Ruzal. 2 mes. 11 Diaus	54. Michaels & RURAL 20-2					
-	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE					
1 '	a. NAME OF HOSPITAL OK INSTITUTION (II hat in haspital, give siteel dadless)	ON A FARM?					
	Einsteen Shore State Hospital	BOY 123 YES NO					
	NAME OF First Middle	Last 4. DATE Manth Day Year					
	DECEASED (Type or print)  (Type or print)	JARRISON DEATH NOV. 12 1966					
5.5		B. DATE OF BIRTH /898 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
		lost offinally (morning) and indicate mail.					
	F.M. WINE. WIDOWED DIVORCED	4-第-第 68					
100.	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT					
durii	ng mast of working life, even if retired) INDUSTRY	Machana COUNTRY?					
12	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
13.	TAITIER 3 HAME	14. MOTHER'S MAINTEN HAME					
1	John E. CAUlk	Ella-Coulk					
		NFORMANT Address					
(Ye	s, no, or unknown) (If yes give war or dates of service)	Stern Shope State Hospital - MED. KE coods,					
	\$11-76 2121 CM						
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CONCRABATE HE	and tayline 17 12 hrs					
	4500 DUE TO 0 100						
	Conditions, if any, which gave ) (1) See 10 10 10 10 10 10 10 10 10 10 10 10 10						
	rise to immediate cause (a),	Wirico I Canallas					
	stating the underlying cause DUE TO						
	last. (c)						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
191		PERFORMED?					
STI	Chronic Drain Syndrome	YES NO					
TIFICATIO							
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	YES NO					
	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Part I or Part II of item 18.)					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLAI Hour o.m. 40t While 10ct	(Enter noture of injury in Part I or Part II of item 18.)  CE OF INJURY (Home, farm, 20f. (City ar town) · (County) (State)					
MEDICAL CERTIFICATION	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	Enter noture of injury in Part I or Part II of item 18.)					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. 19 20d. INJURY OCCURRED While at wark at wark  21.   certify that	YES NO [  [Enter noture of injury in Part I or Part II of item 18.)  CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)  (County) (State)  (State) (State) (State)					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m.  19  21. I certify that (this haspital) attended the deceased fram	YES NO (Enter noture of injury in Part I or Part II of item 18.)  CE OF INJURY (Home, farm, any, street, affice bidg., etc.)  YES NO (County) (State)					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19	YES NO [  [Enter noture of injury in Part I or Part II of item 18.]  CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)  Q 1 1 6 7 19 6 7 10 10 10 10 10 10 10 10 10 10 10 10 10					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19 21. I certify that (this haspital) attended the deceased fram saw the deceased alive on 196, and that 22c. SIGNATURE	YES NO [  [Enter noture of injury in Part I or Part II of item 18.)  CE OF INJURY (Home, farm, ary, street, affice bidg., etc.)  Q					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m.  19 21. I certify that (this haspital) attended the deceased fram saw the deceased alive on 220. SIGNATURE  A.M.  M.I.  M.I.	YES NO (Enter noture of injury in Part I or Part II of item 18.)  CE OF INJURY (Home, farm, any, street, affice bldg., etc.)  Q					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. 19 20d. INJURY OCCURRED While at wark at wark at wark  21. I certify that (this haspital) attended the deceased fram saw the deceased alive on 1966, and that  22c. PHYSICIAN'S	YES NO [  [Enter noture of injury in Part I or Part II of item 18.)  CE OF INJURY (Home, farm, ary, street, affice bidg., etc.)  Q					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m.  19 21. I certify that (this haspital) attended the deceased fram saw the deceased alive on 220. SIGNATURE  A.M.  M.I.  M.I.	YES NO (Enter noture of injury in Part I or Part II of item 18.)  CE OF INJURY (Home, farm, any, street, affice bldg., etc.)  Q					
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m.  19 21. I certify that (this haspital) attended the deceased fram saw the deceased alive on 220. SIGNATURE  220. SIGNATURE  221. PHYSICIAN'S NAME (Type) COWARD LEWIS JR., MD	YES NO [  [Enter noture of injury in Part I or Part II of item 18.]  CE OF INJURY (Home, farm, any, street, affice bldg., etc.)  Q					
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. 19 20d. INJURY OCCURRED While at wark at wark at wark  21. I certify that (this haspital) attended the deceased fram saw the deceased alive on 1966, and that  220. SIGNATURE  22c. PHYSICIAN'S NAME (Type) DUARD LEWIS JR. MAD  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	TENDING MED.  ATTENDING MED.  ATTENDING MED.  ATTENDING MED.  DIRECTOR PHYS.  AMOUNT STAFF  DIRECTOR PHYS.  CREMATORY  CREMATORY  DIRECTOR TOWN) (County) (State)					
WEDICAL 2300	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. 19 20d. INJURY OCCURRED While at wark at wark  21. I certify that (this haspital) attended the deceased fram saw the deceased alive on 1966, and that  220. SIGNATURE  220. SIGNATURE  221. PHYSICIAN'S NAME (Type) COWALD LEWIS JR. MAD  322. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  23c. NAME OF CEMETERY OR	(Enter noture of injury in Part I or Part II of item 18.)  (Enter noture of injury in Part I or Part II of item 18.)  (E OF INJURY (Home, farm, any, street, affice bldg., etc.)  (County)  (State)  (State)  (State)  (State)  (State)  (ATTENDING MED. DIRECTOR STAFF  (PHYS. DIRECTOR PHYS. STAFF  (CREMATORY CASHANDERS)  (County)  (County)  (State)  (County)  (State)					
WEDICAL 2300	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur o.m. 19 20d. INJURY OCCURRED While at wark at wark at wark  21. I certify that (this haspital) attended the deceased fram saw the deceased alive on 1966, and that  220. SIGNATURE  22c. PHYSICIAN'S NAME (Type) DUARD LEWIS JR. MAD  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	TENDING MED.  ATTENDING MED.  ATTENDING MED.  ATTENDING MED.  DIRECTOR PHYS.  AMOUNT STAFF  DIRECTOR PHYS.  CREMATORY  CREMATORY  DIRECTOR TOWN) (County) (State)					

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cauton papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CFRTIFICATE OF DEATH

15583 15580

_	1000							UIJUI
1.	PLACE OF DEAT a. CDUNTY	TH.				ENCE (Where deceased		Residence before admission)
		Dorchest	ter	MARYLAND	a. STATE	larvland	b. COUNTY	rchester
	b. CITY OR TOW	WN (if outside cor	porate limits	,   c. LENGTH OF STAY IN 1				L and give nearest town)
		L and give neares	t town)	ran		lawhai Awa		101
-	d. NAME OF HE	bridge	TUTION (if no	Life t in hospital, give street addres	d. STREET ADDRES	ambridge	0	e. IS RESIDENCE
	-							ON A FARM?
		Cedar 8	Street		511		treet	YES NO X
3.	NAME DF DECEASED		First	Middle	Last	4. DATE	Month	Day Year
	(Type or print)		May		Henry	DEATH	Nov.	12 19 66
5.	SEX	6. COLOR OR R	ACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGI	F (In years LIFTINDER	1 YEAR IF UNDER 24 HRS.
	Female	Negro	WIDO	OWED DIVORCED	May 15 1	807 60	t birthday) Months	Days Hours Min.
10a	. USUAL OCCUPA	TION (Give kind of	work done   1	Db. KIND DF BUSINESS OR	11. BIRTHPLACE	(County & State, or fo	reign country)   12. C	ITIZEN OF WHAT
dur		king life, even if r	etired)	INDUSTRY	75 61			OUNTRY?
13.	La bol	rer		Domestic	Dorene	ster Co.	Mel	USA
	THIRD O ITAL							
15	Was Deares	John	Henry		Juli	a Mary		
(Ye	. WAS DECEASED	EVER IN U.S. ARM	ED FORCES?"	16. SOCIAL SECURITY NO. 1	7. INFORMANT		Address	
	No				Elsie Role	s 1918	Hope St.	Balti. Md
1	18. CAUSE OF	DEATH [Enter on	ly one cause	per line for (a), (b), and (c).]				INTERVAL BETWEEN
	PART I. D	EATH WAS CAUSE	D BY:	ardiac decomm	ongotion			ONSET AND DEATH
	4200	IMMEDIATE CA		ararac decom	GIIPACTOIL			
	Conditions 16		DUE TO	tani analamahi	a la a a a b			2
	Conditions, If gave rise to		(p) HI.	terioscleroti	c neart a	Isease		3 months
	cause (a), s		DUE TO					
-	underlying cau		(c)					
CERTIFICATION	PART II. OTHER	SIGNIFICANTCON	DITIONSCON	TRIBUTING TO DEATH BUT NOT RI	LATED TO THE TERMINA	L DISEASE CONDITIO	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA								YES ND X
E	20a. ACCIDENT	WAS UNDERLYIN	G 🗍 20	DESCRIBE HOW INJURY OF	CURRED. (Enter nature	of Injury In Part I	or Part II of Item 18	3.)
CER	(IF EITHER, ND	ING CAUSE DE	(AMINER)					
	2Dc. TIME OF	INJURY Month,	Day, Year I 2	Od. INJURY OCCURRED   20e. P	LACE DF INJURY (Home	farm, 20f. (City	or town) (Co	unty) (State)
MEDICAL	Hour a.		W	Vhile - Not While - fac	ctory, street, office bldg.	., etc.)		(4.11.7)
Z		.m.					3.0	
	21. I certif	fy that (I) (this	hospital) at	tended the deceased from_				
		ceased alive on	NOV	12, 1906, and the	nat death occurred at	tM, from t	he causes and on t	the date stated above.
	22a. SIGNATU	RE /		2/	4 TENDINO	MED		DATE SIGNED
		Mal	Vale.	ere/	A.D. PHYS.	MED. DIRECTOR	STAFF   11-	-14-66
	22c. PHYSICIA NAME (T		V.		22d. ADDRESS			
	MAINE (1	Jhei J	EGW11	Fassett, M.D.	727 Pi	ne Stree	t Cambr	idge, Md.
23a	. BURIAL, CREM	MATION, 23b. D.	ATE THEREOF	23c. NAME DF CEMETE	RY OR CREMATORY	23d. LOCATI	ON (City, town or co	unty) (State)
	REMOVAL (Sp. Burla	ecify) 11/	15466	Bethe	7	00-1	and days as	
24.			1100	ADDRESS		REC'D BY REGISTRAL	R 25b. REGISTRAR	'S SIGNATURE
	4.1.	10	AIP.		MOI	V 2 1 1966	goliante	Quelas
	june	in C.	Mary	Cambridge,	Ma DATE	~ 1 1000	1	1
								V

5 (4) 1/65 VR A15 2DM

VII. 124 24 34 . I a second feet a second second was The state of the s CAN LET A TO THE TOTAL TO A TOTAL room to denon againment and delical unknow of r THE REPORT OF THE PARTY OF THE . . . which C. Below Granden, mr.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, E	BALTIMORE 1, MARYLAN
15581	CERTIFICATE OF DEATH	15584
DI 405 DE DESTIU	II a Malla program din	

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Rea. STATE b. COUNTY	/
Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	C. OTT ON TOTAL (II outside serperate tilling) with	
Cambridge Few Hrs.	Trappe	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	ON A FARM?
Cambridge Maryland Hospital		YES NO DE
3. NAME OF First Middle DECEASED (Type or print) Edward Alexander	Hughes 4. DATE Month DF DEATH Nov. 8.	Oay Year 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. OATE OF BIRTH   9. AGE (In years   IF UNDER	
	Ipr. 20.1910 56 yrs.	Oays Hours Min.
10a, USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11. BIRT HPLACE (County & State, or foreign country)   12. CI	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	CO	OUNTRY?
Minister Ministeriak	Belmar, N. J.	USA
13. FATHER'S NAME	14. MOTHER'S MATOEN NAME	
Alfred Hughes	Willie Neal	
15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFDRMANT Address	
	ary Hughes, Trappe, Maryl	and
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombo	ai e	ONSET AND OEATH
1420   MMEDIATE CAUSE (a) OUT OTTALLY BITT OF THE	75.25	
DOE TO		L hours
Conditions, if any, which gave rise to Immediate (b)		4 11041.8
cause (a), stating the OUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  2Da. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. OESCRIBE HOW INJURY OCCU (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLAI   Hour a.m.   20c. While   20c. Plai   20	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Da. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRREO. (Enter nature of injury in Part I or Part II of Item 18.	)
20c, TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURREO   20e. PLAI	CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
Hour a.m. While - Not While - factor	ry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from NC	yember 919 66, to, 19	, that (I) (we) last
saw the deceased alive on November 8166, and that		
22a. SIGNATURE ALVASSIEV M.O	ATTENDING MED. STAFF	10-66
22c. PHYSICIAN'S	22d. ADORESS	
NAME (Type) Je Edwin Fassett, M.D.	727Pine Street Cambrid	ire. Md.
23a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETERY		
REMOVAL (Specify)		
Burial 11/13/1966 East New Ma	rket   East New Marke	S SIGNATURE
II. 1/1/1/1/1	200 //	reles Judge
Cambridge, Cambridge	DATE NOV 1 4 1966 2010	run juage

VR AIS (4) 20M 1/65

15954 tentions are the second of the contract tractal entry of the contract tractal AND A PERSON OF THE PROPERTY O A HOTEL SEE BLASS DE LEL DE SEE BALL

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE DEPT.

deloy is

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of the State Department

15582

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15585

	013017							
2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) a. STATE Maryland b. COUNTY Dorchester								
c. CITY OR TOWN (If autside corporate limits, write RURAL and give Rural-Cambridge	e nearest tawn)							
d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES A NO							
Lex d. Date Month OF DEATH Nov. 15	Doy Year							
8. DATE OF BIRTH Oct. 26, 1883 9. AGE (In years left UNDER lost birthday) 9. AGE (In years left UNDER Months) 9. AGE (In years left UNDER lost) 9. AGE (In years left UNDER lost	1 YEAR   IF UNDER 24 HRS Days   Haurs   Min.							
	UNTRY? USA							
14. MOTHER'S MAIDEN NAME Sarah Catherine ??								
informant Address rs. William Ewell, Salem, Maryl	2 nd							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) TOXOMÍA								
litis	5 days							
THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY							
	PERFORMED?  YES NO 2							
. (Enter nature of injury in Part I or Part II af item 18.)								
ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	unty) (State)							
neld on Autopsy 🔲 , Inspection 🕱 , Inquiry 🔲 ,	ond in my opinio							
	]							
M.D. ASSISTANT MEDICAL EXAMINER	166 22. DATE SIGNED							
Address (Street, city, town, or county) Cambro	idge, Md.							
emorial Park Cambridge, Mar								
25g REC'D BY REGISTRAR 2Sb REGISTRAR'S SI	IGNATURE							
2	a. STATE Maryland b. COUNTY Dor  c. CITY OR TOWN (If outside corporate limits, write RURAL and give Rural—Cambridge  d. STREET ADDRESS None  4. DATE OF DEATH B. DATE OF BIRTH Oct. 20, 1883 9. AGE (In years last birthday) Dorchester Co., Maryland  11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland  14. MOTHER'S MAIDEN NAME Sarah Catherine 7?  INFORMANT  INFORMANT  INFORMANT  INFORMANT  INFORMANT  INFORMANT  SALEM, Maryl  Address  THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)  ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)  ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  Cambridge, Mar  250, REFP BY REGISTRAR  250, REFP BY RE							

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10000	CERTIFICATE	OF DEATH	15	586
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased		before admission)
	a. COUNTY DORCHESTER	MARYLAND	o. STATE Mary land	b. COUNTY	erset
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ourside corporate I		
	With RURAL and give nearest town	24R.	DAMES QU	ARTERS	19.0
	d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g		d. STREET ADDRESS		e. IS RESIDENCE
16	Castern SHORE STA	TE WOSP.			ON A FARM? YES NO
3.	NAME OF First	Middle	Lost 4. DATE	Month	Doy Year
	DECEASED (Type or print) MARSHALL	m.	HYLAND OF DEATH	11	19 1966
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8		GE (In years IF UNDER 1) ast birthday) Manths I	YEAR IF UNDER 24 HRS. Days Haurs Min.
	M WIDOWED	DIVORCED	1-7 99!	69 yrs.	Days Huors Mill,
		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & Stote, or foreig		ZEN OF WHAT
	aborer + Unterman	DOSIKI	Somerset, Md.	U. 5A.	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Sam Hyland		unknown		
		SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	,
	es, no, or unknawn) (If yes give war ar dates of service)	0-03-3782 El	ASTERN SHORE	STATE H	05P.
	18. CAUSE OF DEATH (Enter only one cause per line for				INTERVAL BETWEEN
	DADT I DEATH WAS CALISED DV.	ruay or	celusin		ONSET AND DEATH
	4201 DUE TO				
	Conditions, if ony, which gove ) (b)			The state of the s	
	nse to immediate couse (o), stating the underlying cause DUE TO				
	last. (c)			•	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN II	N PART 1(o)	19. WAS AUTOPSY
TION					PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DE	SCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part I ar Part II	of item 18.)	
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PLACE	E OF INJURY (Home, farm, 20f. (C	Lity or town) (Coun	ty) (State)
MED	Haur a.m. While	Nat While facto	ry, street, affice bldg., etc.)		,,
	21. I certify that (I) (this haspital) attend		-9 1967, TO	11-19 196	6 that (1) (we) las
	saw the deceased alive an 11-19-6				
	22a. SIGNATURE	λ	ATTENDING & SHED & C	22b. DAT	
	6 W Masel	M.D	ATTENDING MED. DIRECTOR DIRECTOR	PHYS.        -	-50-66
	22c. PHYSICIAN'S D L ()	1/1	22d. ADDRESS	Ve \	D Val
	NAME (Type) Teller	2 CKRA	I - New	Marke	X Mb.
230	BURIAL, CREMATION 23b, DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 23d LOCAT	TON (City or Town) (C	ounty) (State)
1	Bridge 1/22/66	James (2)	uneter Wes	mer ( Jula	rleft 6
24	FUNERAL DIRECTOR	ADDRESS	A NEO PECO BY REGISTRAR	25b, REGISTRAR'S SIG	NATURE
0	Levis Walson Pri	nices lang	DATE	, maries	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 TSSS. 

24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremented or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5584 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Dorchester Darchester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hest New Market

			LTale		C MWP.		Las C	TACM TIT	STITE	6	111	
		d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not in hos	pital, give stree	et address)	d. STREET ADDRES	SS			θ.	IS RESIDENCE ON A FARM?
3		Cambrid	ge Maryla	and Hos	pital,	Inc.						s No 🖾
	3.	NAME OF DECEASED	FI	irst	Middle		Last	4. DATE	Moi	nth .	Day	Year
		(Type or print)	Frede	erick	A.	J	ackson	DEATI	Novem	ber	26	1966
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARE	RIED   8	B. DATE OF BIRTH	9.	AGE (In year last birthday	S IF UNDER		
		Male	Negro	WIDOWED 5	DIVOR	CED	Jan. 8.	1878	88 yrs.	Months	Days	Hours Min.
	10a	USUAL OCCUPAT	ION (Give kind of work	done 10b. KIN	D OF BUSINESS		11. BIRTHPLACE	(County & State			TIZEN OF	WHAT
	- Cui	Labo		4)			Dorche	ster C	o. Md	_	TISA	4
	13.	FATHER'S NAM					14. MOTHER'S MA					
			David	Jackso	n		Marv	Loui	se Co	rnish		
			VER IN U.S. ARMED FO (If yes give war or dates o		OCIAL SECURITY	NO. 17.	INFORMANT		Addi			
		No			-20-68	28 A	Minnie	Jacks	on E.	New	Mark	cet. M
		18. CAUSE OF	DEATH [Enter only on	e cause per line	o for (a), (b), an	d (c).]	7		1 .			AL BETWEEN
		PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		ARd	IAL	deem	CASA	tron			AND DEATH
		422			0 5		1				1	
		Conditions, If		(b) 2	Hiles	us 5	cilrete	i Ci	1)			
		gave rise to	Ditte	(-)								
		cause (a), st underlying caus	ating the	(c)								
	NO.	PART II. OTHER S	IGNIFICANT CONDITIE		ING TO DEATH BU	JT NOT RELA	TED TO THE TERMINA	L DISEASE CON	DITION GIVEN	N PART 1(a)		VAS AUTOPSY
2	CERTIFICATION										YES	ERFORMED?
	TE	20a. ACCIDENT	WAS UNDERLYING	20b. DE	SCRIBE HOW IN	JURY OCCU	RRED. (Enter nature	of Injury In P	art   or Part	of Item 18.	.)	
	CER	OR CONTRIBUTI	NG CAUSE OF DEA	NER)								
	CAL	20c. TIME OF	NJURY Month, Day,	Year   20d. INJ	URY OCCURRED		CE OF INJURY (Home		(City or town)	(Cou	inty)	(State)
	MEDICAL	Hour a.n		While	Not While at work	factor	ry, street, office bldg	., etc.)				
	Σ	p.r		at work L		A Such !	HOW	20 6 40	7/ 11/2	2 10/	L shat	(1) (wa) loof
			y that (I) (this hosp ceased alive on	3/ 18/16	1 //		death occurred a		om the cause			(I) (we) last
		22a. SIGNATUR			1970	allu tilat	death occurred a		OIII LIIE CAUSE		ATE SIGN	
			19/2	H May	1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			
		22c. PHYSICIA		1	/	IVI.LJ	22d. ADDRESS	DIRECTOR		J!		
1		NAME (T)	pe) J. Edwi	in Fass	ett, M	.D.	727 Pi	ne Str	eet C	ambri	dge,	Md.
	23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. L	OCATION (City,	town or cou	inty)	(State)
		Burial	11/3	0/66	East	New	Market	Eas		Mark		Md.
	24	. JUNERAL DIRE	CTOR O	1.	ADDRESS			REC'D BY REGI	STRAR   25b.	REGISTRAR'	SSIGNAT	URE
		Tullu	MC DY	gail	Cambri	dge,	Md DATE	DEC 1	1966	Jelio	reley	udge
		7	16	,						V	6	/ /
							and the same of th	and the same of th		Control of the last		Andrew Company

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ceruffcate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
15588

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss	sion)
	Darchecten	a. STATE Maryland b. COUNTY Dorchester	
	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	own)
	write RURAL and give nearest town) Cam bridge	Taylors Island 19./	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDE	NCE
3	Cambridge Maryland Hospital, Inc.	ON A FARI	
	3. NAME OF First Middle	Last   4. DATE Month Day Year	
	DECEASED (Type or print) John	Keene, Jr. DEATH Nov. 11, 19 60	6
-		DATE OF PIDTY	- Contract of
		tast birthday Months Days Hours M	Ain.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?	
	Laborer Farmer	Dorchester Co., Md. USA	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John Keene. Sr.	Martha Keene	
	(Yes, no, or unkown)   (If yes give war or dates of service)	INFORMANT Address	
	No 213-07-8926 I	illian Keene Taylors Island	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWE	
N.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEA	PH .
	1 + 2 2 1	1 1	_
1	Conditions, If any, which	-d 1 291	- 100
1	gave rise to Immediate	as of certain	-
	cause (a), stating the DUE TO underlying cause last.	A) (1/1)	
		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOF	YPS
	TAKTILOTIEK SIGNI TOKNI CONDITIONS CONTRIBUTING TO BEATING THE RELATI	PERFORMET	D?,
		YES NO	4
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
- 6		E OF INJURY (Home, farm,   20f. (City or town) (County) (State	9)
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC   Hour a.m.   While   At work   at work	y, street, office bldg., etc.)	c)
	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	1900, to 1000/(, 1900, that (1) (we)	
П		death occurred at M, from the causes and on the date stated ab	ove.
1	22a. SIGNATURE	22b. DATE SIGNED	
	James ( ) howpoon M.D.		
	220. PHYSICIAN'S NAME (Type) T II (The	22d. ADDRESS	
	J. U. Thompson, M.D.	602 Locust Street Cambridge, M	de
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State	)
	Burial 11/16/66 Taylors	Island Dorchester Co., Md.	
	24. PUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
+	The stake ( . What Cambridge,	Md. DATE NOV 2 3 1966 Acharles Judge	
4	The same of the sa		

VR AI5 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	15586		1 43	Na I	CERTIF	ICATE	OF DEATH			15	=0	0	
	ACE OF DEATH		146	S. officer			2. USUAL RESIDENCE (V	Where deceos	ed lived, if institut	tion: Resident	e-before	admissio	n)
0.	COUNTY		6,		AAA DY	YLAND	o. STATE		b. cou				1
- h		RCHESTER  f outside corporate limit	le '	1.15	NGTH OF STAY		c. CITY OR TOWN (If ou		ta limita weita PII		AROL		-
D,	write RURAL and	give nearest tawn)	5,	C. LE			C. CITT OK TOWN (IT OU	iside corpord	ne iimiis, wille ku	KAL UIIU GIVE	Heolesi	lowing	
	BRIDGE				36 D	AYS	MARYD	EL			05.		
d.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS				6	ON A FA	ENCE	
-			Heen					MC	ne		\ v		NO X
-	AME OF	ORE STATE		ITAL	Middle			4. DATE	Mon	AL.	Doy	Yeo	
	ECEASED		irst		widate		Lost	4. DATE					
(Ty	ype ar print)	ALBERT			k	ELS.O	N	DEATH			28	196	
S. SEX	X	6. COLOR OR RACE	7. MARR	RIED 🔲	NEVER MARRIET		B. DATE OF BURTH	9	. AGE (In years	IF UNDER 1		IF UNDER	
Mai	-	HECDO	WIDOV	VEB <sub>C</sub>	DIVORCE		83	600	lost birthdoy) 83 yrs.	Months	Doys	Hours	Min.
MAL		VEGRO (Give kind of work done			BUSINESS OR		11. BIRTHPLACE (County	8 State or fo		1 12 CITI	ZEN OF	WHAT	
		life, even if retired)	10	INDUSTR'			The Dikthii Dack (county	a 31010, 01 10		COL	JNTRY?		
	UNKNO				-		MARYLAND				U.S	.A.	
13. F	ATHER'S NAME						14. MOTHER'S MAIDEN I	MAME					
	JOSEPH 1	CELSON					UNKNOWN	W47	mina H	acket	+		
		R IN U.S. ARMED FORCES		16. SOCIAL	SECURITY NO.	17.	NFORMANT		Addr				
(Yes,	no, or unknown)	(If yes give wor or dotes	of service)					-					
	-No	X		-	None	RE	CORDS OF TH	E EAST	TERN SHOP	RE STA			
1		ATH (Enter only one ca	use per line	e for (o), (b	); ond (c);)	1	1	11 -	1			RVAL BET	
	PART I. DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Erel	ral 1	/axe	when see	edent	3-03-00-0		UN3	AND C	FAIR
	2211		10									0	-
1	Conditions, if ony,												
	rise to immediat	(a) asuma	(b)										
	stoting the under		10										
le	ast.	)	(c)										
F	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTI	ING TO DEA	TH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CON	NDITION GIVE	N IN PART 1(o)		19.	WAS AUTO PERFORM	YZGC
CERTIFICATION													NO X
3			Loo		How willing	CCUBBED	Ir	0 11 0	. 11. 6 1. 10.1		110	, []	IIO A
1 2	20a. ACCIDENT WAS	CAUSE OF DEATH	20:	5. DESCRIBE	HOW INJURY O	ICCURRED.	(Enter noture of injury in	Port I or Por	Till of item 18.)				
		MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor	20	Od. INJURY	OCCURRED		CE OF INJURY (Home, form		(City or town)	(Cou	nty)	(	Store)
8	Hour o.n	10	V	While	Not While	foct	ory, street, office bldg., etc.						
	p.n	11.	of	work -	ot work		17 17	10//	11 , -	2 (2 10	// .1	. (1) (	V 1
3 6			spital) at	ttended t	he deceased	tram_	10 V. 16,	1966, 1	a Nov -	7, 19	ala In	at (1) (	we) Ic
	saw the	eceased alive an_	-3		19,	and tha	t death accurred at	^	A, fram causes				d abav
	220. SIGNATURE	11:1 Oh	11.	2			ATTENDING	MED.	STAFF	22b. DA	TE SIGNE	ED/	
		suppl 19.	1,410	nun	7	M.	D. PHYS.	DIRECTOR	PHYS.	] ///:	29	166	
-	22c. PHYSICIAN'S			200/	1	. 1.	22d. ADDRESS	- /,		1111			
	NAME (Type)		M. L	00 HII,	NGUE!	> ./1.	1 F.S.S	17.					
				1 =	MANE OF CO.	CTERU OF	CDCHATODY	1 001	SATION (C')		15	10	4-4/1
230.	BURIAL, CREMATIC REMOVAL (Specify	1		230	. NAME OF CEM			23d. LC	CATION (City or To		(County)	(5	tote)
	Burial	12-2	-66		Mt.	Zio			Maryde	1, Md			
24.	FUNERAL DIRECTO	R. O.		01	ADDRESS			D BY REGIST	RAR 25b. R	EGISTRAR'S SI	GNATUR	E	in
6	11/5	12 ()		1	()		2m // D	FC 1	1966	your	rees	Xuo	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15587			CERTI	FICATE	OF DEATH			15	590	
	PLACE OF DEATH O. COUNTY DOR	CHESTER		MAF	RYLAND	2. USUAL RESIDENCE (V a. STATE MD .		b. COUNTY	WICOMIC	0	on)
	b. CITY OR TOWN ( write RURAL and RURA L CAN	If outside carparate limits, d give nearest tawn) MBRIDGE		c. LENGTH OF STAY  2 YR. 9		C. CITY OR TOWN (If au	tside corporate limits,	write RURAL	and give neore	st town)	
-		HORE STATE H				d. STREET ADDRESS 317 CHESTN	IUT WAY			e. IS RESIL ON A FA	DENCE ARM? NO X
3.	NAME OF DECEASED (Type or print)	First SARA		Middle JANE		Last LEMON	4. DATE OF DEATH	Manth O VEMB	ER 17		66
S.	FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIE  DIVORCE		12/26/69	9. AGE (Ir lost bi	rthday) /	Months Days	Hours	Min.
dur	ing most of warking HOUSEWIF FATHER'S NAME			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County  MD W:  14. MOTHER'S MAIDEN N	icomico Co		12. CITIZEN O COUNTRY		
1S. (Ye	CHARLES WAS DECEASED EVE	Sturgis R IN U.S. ARMED FORCES? (If yes give war ar dotes of		SOCIAL SECURITY NO.	17. 1	MARY - ] NFORMANT Mr. Geoi	Dongona	Address 317 C	hestnut	Way!	Son
	PART 1. DEA 1913 Conditions, if ony rise to immediat stoting the under	re cause (o), DUE TO	)	basal c	ells		onial	m fa	ēe 2	WAS AUTO	)EATH
CERTIFICATION	20o. ACCIDENT WA	IGNIFICANT CONDITIONS COP  S UNDERLYING  C CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY (		(Enter nature of injury in I				PERFORM	
MEDICAL		URY Month, Doy, Year m.	20d. IN While at wark			E OF INJURY (Home, farm ory, street, office bldg., etc.)		town)	(County)	(	(State)
	21. I certi	ify that (I) (this haspi leceased alive an	tal) attend 11/1	ded the deceased 1719_66,	d fram and that M.E	Attending D. PHYS. 22d. ADDRESS	MED. ST	Causes an	22b. DATE SIGN	te stated	
	BURIAL, CREMATIC REMOVAL (Specify Burial A. FUNERAL DIRECTO	Nov. 19	1966	Parsons ADDRESS	Ceme	tery 250. REC'L	BY REGISTRAR	iry. M	(County lary land STRAP'S SIGNATU		itote)
	HULLOW A	Y & COMPANY	SAL	SHURY, MA	RYLAN	DATE IN	THE DIE	100 //		- //	(A A

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspitol or attending physicion.

VR A15 (4)

HOLLOW AY

& COMPANY, SALISBURY, MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then posts remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar remayan pagen any event, within 72 hours after death

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	A STATE OF THE STA		
	THE COURT OF SAME		Propins Salah
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	THE PERSON NAMED IN COLUMN TO		
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Man, 600 24/03/2 1	LAME IN LABOR OF THE PARTY.		
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1,1,11	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN	D 21201
FOR STATE	15588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15591
Page 13 to Page 19 to	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution: b. COUNTY  MARYLAND  AMARYLAND	Residence before admission)
	b. CITY OR TOWN (If autside carparate limits, write RURAL or start in the start of the	and give nearest tawn)
2, and PM3.	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
th. It ages 1, a farm rate De haurs	Cambrie Hosp. School 2x	ON A FARM? YES NO
the T	3. NAME OF DECEASED (Type or print)  Revealed Middle Lost 4. DATE Month OF DEATH	2 Day Year 1966
rs after of 18. Give e along verith th		UNDER 1 YEAR IF UNDER 24 HRS. Inths Days Haurs Min.
in Item I er's Office ges Iand 2 any event	10o. USUAL OCCUPATION (Give kind af wark dane during mast of working lite, even if retired)  10b. KIND OF BUSINESS OR III. BIRTHPLAC (State or fareign country)  NOUSTRY  11. BIRTHPLAC (State or fareign country)  NELLING for Kentucky	12. CITIZEN OF WHAT COUNTRY?
within 24 in pencil in Examiner's File pages ond any any	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Clark Chapman Llore Wallery	
executed and adding in Medical Experimit. Fire emaval, or	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates af service)  287-07-1622 Reserved.	40/
be executed "pending" is hief Medical ansit permit. ar remaval,	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
ate should be e the ward "per d ta the Chief I a burial-transit crematian, ar re	Canditions, if any, which gove ) (h) Restance of Management	Idays
vertificate sh writing the warded ta t sed as a bur urial, cremat	nise to immediate couse (a), stating the underlying cause last.	
0 0	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
NER: This certificate, hould be fould be fould be to should be used to should be used to be to should be used to be used	200. EXTERNAL CAUSE WAS PRIMAR TO Or CONTRIBUTING CAUSE OPERATE OF CONTRIBUTING CAUSE OPERATE.	
S = S = E	20c. TIME OF INJURY Month, Day, Year And The Course of State of St	(County) (State)
Cecute Page Page far your: Page on a fed	21. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection Inquiry	, and in my apinian
gn d d d	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined mann	er 🗌
MEDICA please e I directar retained L DIRECT its design	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
necessary, parties funeral series and per rules funeral series fun	EXAMINER'S JOHN MACE JR. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	11/27/66
necessa the fun 5 may TO FUNE Health	230 BURIAL, CREMATION, REMOVAL (Specify)  23b. Date THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town)  REMOVAL (Specify)	(County) (State)
VR A15ME (5) R	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGIST DATE NOV 28 1956	Charles Judge

7.2833

24 hours after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages/1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 20th. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15589

-							
1.	PLACE DF OEATI a. COUNTY D	orchester		MARYLAND	2. USUAL RESIDENT	CE (Where deceased lived, If institution of the country of the cou	on: Residence before admission)  Caroline
Y	b. CITY OR TOW Write RURAL HUTL	N (If outside corporate III and give nearest town) OCK		days		f outside corporate limits, write Ri deralsburg	JRAL and give nearest town)
		SPITAL OR INSTITUTION (I e Haven Nursi		give street eddress		a Vista Avenue	e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME DF OECEASED (Type or print)	First <b>Frank</b>	Wh	Middle itney	Lord Lord	4. DATE Month DF DEATH NOVEMB	19
N	sex fale	White W	MARRIEO X NE	OIVORCEO [	B. OATE OF BIRTH November 23	, 1883 82 yrs. Mon	
Iur	Ing most of work Retired G	10N (Give kind of work done ing life, even if retired) rocery Store	Owner	BUSINESS OR Y	Utica, No	ew York	2. CITIZEN OF WHAT COUNTRY?
3.	FATHER'S NAM	d Lord			14. MOTHER'S MAI	Whitney	
15. (Ye	WAS OECEASED	EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	16. SOCIAL 217-1		INFORMANT Wellie S. Lo	Address rd, Federalsburg,	Maryland
		DEATH [Enter only one ca EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_			cinomatosi	S	INTERVAL BETWEEN ONSET AND DEATH 6-8mos
	Conditions, if gave rise to cause (a), si	Immediate (	Carcin	noma of	the bladde	r	3yrs
ALION	underlying caus	e last.		OCEATH BUT NOT REI		OISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTDPSY PERFORMED? YES NO
CEKILLI	20a. ACCIOENT	WAS UNDERLYING IN CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIE	E HOW INJURY OCC	URRED. (Enter nature o	of Injury in Part I or Part II of Item	
MEDICAL	20c. TIME OF Hour a.r		While - Not	t While awork 20e. PL	ACE OF INJURY (Home, f ory, street, office bldg., o	etc.)	(County) (State)
	saw the de	masey alle bil		deceased from 19, and the	1.3/ at death occurred a	:45 M, from the causes and	
	22a. SIGNATUI	Hung D	Timun	M	O. PHYS.	MEO. STAFF OIRECTOR PHYS.	o. OATE SIGNED
	NAME (I)	grold B.Plu	mmer M	D.	Preston	Maryland	
23a	Burial	Nov. 8,	1966 Hil	NAME OF CEMETER	emetery	23d. LOCATION (City, town of Federalsburg,	Maryland
24	J FUNERAL DIRE	emptom and So	n, Federa	alsburg, M	aryland 25a. RE	C'O BY REGISTRAR   25b. REGIST	TRAR'S SIGNATURE

1966

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M. M. Frencher and don, Zederal shure, Maryland

NOT THE SECOND SECOND

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

15590 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH

deloy

24 haurs ofter death.

This certificate should be executed within

the certificate,

TAL EXAMINER:

should

in Item 18.

Office

form

Depay hours State ( with the ond 2 poges in an removal 0 cremation, 0 burial, 0

e, writing the word "pending" in pencil in farwarded to the Chief Medical Examiner's 3 should the funeral director. Page 4 moy be retoined for your FUNERAL DIRECTOR: Poge 5 moy be reto TO FUNERAL DII Heolth or its d

o. COUNTY Dorchester b. COUNTY Dorchester Maryland MARYIAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Glasgow Nursing Home Glenburn Avenue YES NO X 3. NAME OF Middle 4. DATE Day Year DECEASED HELEN GEOGHEGAN MCALLISTER November 18 10 (Type or print) DEATH B DATE OF BIRTH 1877 9. AGE (In years IF LINDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Female White Months WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife Dorchester Co., Maryland INDUSTRY Home USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Philemore Geoghegan Mary Maguire 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service Unk Mrs. Lucille Bryan, Washington, D. C. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Terminal pneumonia Fracture neck 1. femur days Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) designated ogent, prior PRIMARY ☐ or CONTRIBUTING ☑ Fell out of bed in nursing home. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) at work 7:15 BM Glasgow nursing. Cambridge. Dor. Md. at work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X, Inquiry X and in my apinian death resulted fram: Natural causes Accident X Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11/20/66 DEPUTY MEDICAL EXAMINER KT Address (Street, city, town, or county) Cambridge. Md. NAME (Type John Mace Jr. M.D. 230. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Nov 20 1966 Cambridge Cemetery Cambridge, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland DATAOV

VR A15ME 151

7. 7. 4

500

Film G383 - 11/29/66 - mnb - originally reported on regular death certificate and should have been on M.E. certificate.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evept, within 72 hours after Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15591 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND	USUAL RESIDENCE (Where deceased lived, If Institution: Re     a. STATE Maryland b. COUNTY Do	rchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge	c. CITY OR TOWN (If outside corporate limits, write RURAL :  Hurlock	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Cambridge-Maryland Hospital		ON A FARM? YES NO K
3. NAME OF First Middle CECASED (Type or print)  Leroy	McCoy 4. DATE Month November	Day Year 19 66
7. MARKIED   NEVER MARKIED	About 1895  About 1895  About 1895  About 1895	Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	yrs.	TIZEN OF WHAT
during most of working life, even if retired)  Day Laborer  Factory & Farm	CO	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
	mbridge-Maryland Hospital Recor	ds
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  On gestive hea	art failure	ONSET AND DEATH
	emia	2 years
(C)	nephrosclerosis.	5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT REL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING DOWN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor while at work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	nty) (State)
21. I certify that (I) (this hospital) attended the deceased from Saw the deceased alive on november 19 176 and that	death occurred at \$30 pM, from the causes and on the	6, that (I) (we) last
22a. SIGNATURE		TE SIGNED
Carls & Baurso M.D.	ATTENDING MED. STAFF PHYS.	
22c. PHYSICIAN'S NAME (Type) CARLOS F. BARROSO M	PESSTATE Hosp. Cambridge Dor	chester Md.
23a. BURIAL CREMATION, REMOVAL (Specify) Burial  Nov. 4, 1966  Rhodesdale Co		
24 FUNERAL DIRECTOR	TOTAL DECIDEN DECICEDAD COST DECICEDAD	Maryland
Framptom and Son, Federalsburg, Mar.	yland DATE NOV 18 1966	res junge

VR A15 (4) 15M 4-64

Dorchester				30000 40300	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAND
15592	CERTIFICATE OF DEATH	1559
ACE OF DEATH	1 2 USUAL RESIDENCE (Where deceased in	

_						10000	
		rchester	MARYLAND	49 4 94		stitution: Residence before admission) Dorchester	
	Write RURAL end	Y OR TOWN (if outside corporate limits, rite RURAL and give neerest town)  Cambridge  4 Days  c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)  East New Market					
						0.9-1	
		TAL OR INSTITUTION (if not in mbridge-Maryla		d. STREET ADDRESS	S	e. IS RESIDENCE ON A FARM? YES NO A	
3.	NAME OF DECEASED (Type or print)	Lanette	Middle	Peterson	4. DATE Month OF DEATH NOVEMBE	Day Yeer 19 19 66	
5.	SEX		THE THE MARKIED IN	B. DATE OF BIRTH	9. AGE (In years III	FUNDER 1 YEAR IF UNDER 24 HRS.	
	Female	Negro WIDO	OWED DIVORCED	ctober 8, 19	966 yrs.	1 7 1000 Mill	
10e do	ne during most of wo Infa	rking life, even if retired)	b. KIND OF BUSINESS OR INDUSTI		unty & Stete, or foreign country)  dge, Maryland	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	N NAME		
		Orlan Henry		Anı	n Peterson		
15. (Ye	WAS DECEASED EV ps, no, or unkown) (I NO	ER IN U.S. ARMED FORCES? fyesgivewarordelesofservice)		lan Henry, I	Address East New Market,	Maryland	
	18. CAUSE OF D	EATH  Enter only one ceuse	per line for (e), (b), and (c),			INTERVAL BETWEEN	
	PART I. DEAT	IL WAS CALLES BY	ilateral Otit	is Media		ONSET AND DEATH	
	Conditions, if eny	, which ) (b)					
	geve rise to immedi	ete ceuse					
	(e), steting the u	nderlying DUE TO					
	Couse lest.	) (c)					
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	VINAL DISEASE CONDITION GIVEN	19. WAS AUTOPSY PERFORMED? YES NO	
	OR CONTRIBUTING	AS UNDERLYING [ 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter neture of injury	in Pert I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour e.m.	\		ACE OF INJURY (Home, fel tory, street, office bldg., et		(County) (State)	
	21 I contifu t	hat (I) (this hospital) a	tended the deceased from.	Nov 15.	1966 to Nov 19	.g, 19, that (1) (we) last	
		ed alive on NO.V				d on the date stated above.	
П	22e. SIGNATURE	( XIII		ATTENDING	MED. STAFF	22b. DATE 11-19-68 SIGNED	
	22c. PHYSICIAN'S	Just	uny N	1.D. PHYS. Z	DIRECTOR PHYS.	11-13-00	
	NAME (Type)	J. Edwin F	assett, M.D.	727 Pi	ne Street, C	ambridge, Md.	
	Burial	110000	23c. NAME OF CEMETERY Thompsontown		Near East New		
24	J. J. Fra	s signature and son	Federalsburg,		NOV 28 1966	Charles Judge	
	6-2367	48					

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J. J. Proveston and son . Federalshire, Md.

## FOR STATE HEALTH DEPT

any delay is

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

File pages 1 and 2 with the State Department of and in any event within 72 haurs ofter death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit Health ar its designated agent, priar ta burial, crematian, ar remaval

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1559	3	MEDICAL EXAMINER'S	CERTIFICATE OF D	DEATH	15596
1. PLACE OF DEATH a. COUNTY Do.	rchester	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryla	nd b. COUNTY Do	ence before admission)  orchester
Rural -Ca	(If autside carparate limits, id give pearest town) mbridge	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside Rural-Cam)	corporate limits, write RURAL and gi	ive nearest tawn)
RFD #3,	near Lloyds	n haspital, give street address) , Maryland	d. STREET ADDRESS None		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JAMES	ORVILLE PF	TTO TOTAL TO	DATE Month OF November	r 27 19 66
S. SEX Male	6. COLOR OR RACE White	MARRIED NEVER MARRIED X WIDOWED DIVORCED	8. DATE OF BIRTH  Jan. 5, 1948	9. AGE (In years IF UNDE: last birthday) Manths	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATIO during most of working	N (Give kind af wark done 3 life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Dorchester Co	reign country)  o., Maryland	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	James Orvil	le Pritchett	14. MOTHER'S MAIDEN NAME Mary Eli:	zabeth Keene	
1S. WAS DECEASED EV (Yes.no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates af s	ervice) 16. SOCIAL SECURITY NO. 17. Mr	INFORMANT  . I. Orville Pr	Address ritchett, Golden	Hill, Md.
Canditions, if any rise to immedia stating the under last.	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  UNITY TO DUE TO  (b)  ATHYING couse  (c)	Multiple fract	ures skull		INTERVAL BETWEEN ONSET AND DEATH Instant
PART II. OTHER S	IGNIFICANT CONDITIONS <u>CON</u>	TRIBUTING TO DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES X NO
20g. EXTERNAL CA PRIMARY 20 or CO CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED Was driver of			
Hour o	URY Manth, Day, Year m. might 11/27		ACE OF INJURY (Hame, farm, integry, street, office bldg, etc.)	20f. (City or town) (Cambridge. D	ounty) (State)
		of the remains described abave, I		spection, Inquiry,	and in my opinion
ACTUAL SIGNATURE	Jan 2	noch	CHIEF MEDICAL EXAM  M.D. ASSISTANT MEDICAL EXA  DEPUTY MEDICAL EXA	INER CAMINER 11/28	22. DATE SIGNED
230. BURIAL, CREMATI REMOVAL (Specific		OF . 23c. NAME OF CEMETERY O	R CREMATORY 2	town, or county) Cambria  3d. LOCATION (City or Town)  Cambridge, Mar	(County) (State)
24. FUNERAL DIRECTO	OR	ice, Cambridge, Ma	2So. REC'D BY R	REGISTRAR 2Sb. REGISTRAR'S	signature when Judge

ACEST MADE NOT THE REPORT OF THE PARTY OF TH 1373 8 no transfer from ---the contract of the contract o 

# FOR STATE HEALTH

any delay is

72 hours after deoth.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within

VR A15ME (5) 0

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEGICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15594 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_									
1.	o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution: Resider b. COUNTYDord	nce before admission)				
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Rural—Cambridge	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL and giv Cambridge	re nearest tawn)				
	d. NAME OF HOSPITAL OR INSTITUTION (If not Casson Neck Rd., RFD	in haspital, give street address) #3	d. STREET ADDRESS Casson Ne	ck Road, RFD #3	e IS RESIDENCE ON A FARM? YES NO X				
3.	NAME OF DECEASED (Type or print)	A HUBBARD RH	IFA Last	4. DATE Month OF Novembe:	Pay Year 19 66				
	Female 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Aug. 27, 18	78 9. AGE (In years IF UNDER Manths Manths	Days Haurs Min.				
	a. USUAL OCCUPATION (Give kind of work done ring most of warking life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (Stote Dorchester		TIZEN OF WHAT DUNTRY? USA				
13	John H. H		14. MOTHER'S MAIDEN N						
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, ngwunknawn) (If yes give war ar dotes af s		INFORMANT S. Odie Wilc	ox, RFD #3, Cambri	dge, Md.				
	4201 DUE TO	Coronary occl	usion		INTERVAL BETWEEN ONSET AND DEATH 15 Wins.				
	conditions, if any, which gave rise to immediate cause (a), stating the underlying cause out	0							
ATION	PART II. OTHER SIGNIFICANT CONDITIONS COM	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
MEDICAL CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY   or Contributing   CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in F	art I ar Part II af item 18.)					
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Hame, farm tary, street, office bldg., etc.)		ounty) (State)				
			eld an Autopsy 🗍	Inspection X, Inquiry ,	ond in my opinion				
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, ond in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner								
	CHIEF MEDICAL EXAMINER								
	ACTUAL SIGNATURE	nerel	m.D.	ICAL EXAMINER 11/21/	66 22. DATE SIGNED				
	EXAMINER'S John Mace	Jr. M.D.		L EXAMINER XI, city, town, or county) Cambrid					
23	Burial (Specify)  Burial (Specify)  23b. Date ther Nov 22	1966 23c. NAME OF CEMETERY OR Dail Family	CREMATORY Cemetery	James, Dor. Co.,	(County) (State) Maryland				
2	4. FUNERAL DIRECTOR eCompte Funeral Serv	ice, Cambridge, Mary	rland 250. REC'D	NOV 2 2 1956 REGISTRADES	SIGNATURE Judge				

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e. IS RESIDENCE

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may be retained far your FUNERAL DIRECTOR: Page Health 0

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15595 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Dorchester Maryland MARYLAND Dorchester b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 805 Washington 805 Street Washington Street 3. NAME OF First Middle DATE Month Last DECEASED OF Earl Rhodes (Type or print) Nov DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR **NEVER MARRIED** birthdoy) Months Male 56 Negro WIDOWED DIVORCED June 30. 11. BIRTHPLACE (State or foreign country) IDa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Grocer COUNTRY? South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Rhodes Nancy Isabella IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unknown) (If yes give war or dotes of service) Frederick Rhodes, M.D. New Orleans, La 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave (b) rise to immediate couse (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 2Dd. INJURY OCCURRED (City or town) 2Dc. TIME OF INJURY Month, Day, Year 2De. PLACE OF INJURY (Home, form, (County) Hour a.m. factory, street, office bldg., etc.) Not While at work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🗶 Inquiry Natural causes Accident Suicide death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE S DEPUTY MEDICAL EXAMINER **EXAMINER'S** ress (Street, city, town, or county) NAME (Type) Alfred R. Maryanov. M. D. Cambridge 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Spartansburg Freindshin ADDRESS

Cambridge, Md.

VR A15ME (5) 6M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE, MARYLAND 301 RECORDS. 21201

15596 FOR STATE HEALTH DEPT. PM3. Poge necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director page 1, 2, and 3 to page, 1 and 2 with the State Department of Health or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TH DEPT.	1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission)
ge of th.		DORCHESTER  MARYLAND  b. CITY OR TOWN (If outside corporate limits.  C. LENGTH OF STAY IN 16	a. STATE MARYLAND b. COUNTY DOR	CHESTER
m PM3. Poge Deportment of rs ofter deoth.		b. CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town)  Left  L	c. CITY OR TOWN (If outside corporate limits, write RURAL and give HURLOE K	negrest tawn)
ote Depor	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. SPEET ADDRESS HCadem 1/	e. IS RESIDENCE ON A FARM? YES NO
with re St		NAME OF DECEASED (Type or print) MAY A.	ROOK OF DEATH 25 Nov	Doy Year 2 19 66
e olong 2 with th nt within	S. :	TETER BUSKINES	26 May 1886 9. AGE (In years lost birthday) So yrs.	YEAR IF UNDER 24 HRS. Doys Hours Min.
's Office lond2 y event		. USUAL OCCUPATION (Give kind of work done ing most of working life, every if retired)  **ROLL STRY**  INDUSTRY**	11. BIRTHPLACE (Stote or foreign country) 12. CITI COL	ZEN OF WHAT
Examiner Fie pole and in a	13.	FATHER'S NAME Ps. Culture	14. MOTHER'S MAIDEN NAME TOUR	
	15. (Ye	WAS DECASED EVER IN U.S. ARMED FORCES? And I 16. SOCIAL SECURITY NO. (If yes give wor or dotes of service)	NFORMANT Address Address Hurlock.	md
Chief Medicol fransit permit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Leute pullur	awary edewa	INTERVAL BETWEEN ONSET AND DEATH
the riol-		Conditions, if ony, which gave is to immediate couse (o),	inclustic bent discou	(3)
- 0		stoting the underlying couse   DUE TO   (c)		
be forwarded be used os a r to buriol, cr	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Lee tes un ellétas	19. WAS AUTOPSY PERFORMED? YES NO
ould ss. nould prio	L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.  20b. D€SCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Port I or Port II of item 1B.)	
(1)	MEDICAL		(Courter, office bldg., etc.)	nty) (Stote)
director. Poge 4 blactored for your DIRECTOR: Page s designoted ag		21. I certify that I taak charge af the remains described above, hel		and in my apinian
oined IRECTO design		death resulted fram: Natural causes . Accident ., Suicident .,	de, Hamicide, Undetermined manner] CHIEF MEDICAL EXAMINER	
retoi L DIR its de		SIGNATURE / Weens the Warrisan	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Per Spec		EXAMINER'S THURSTON HARRISON	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) EASTON	12lec 66
the fun 5 may TO FUNE Health	230	BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	Market East New/12/1	county (Stote)
VR A15ME (5)	X	TIMERAL DIPECTOR THE PROPERTY CAST NEW MA	DATE C 5 1966 25b. REGISTRAR'S SI	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15597

### CERTIFICATE OF DEATH

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1. PLACE OF DEATH		10001			CERTIFICATI	L OI DEATH		1	TTI	
C. CHY OR TOWN (if authole corporate limits, write RURAL and give nearest town)	Ti	o. COUNTY				o. STATE	b.	COUNTY		on)
CAMBE OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress)  EASTERN SHORE STATE HOSPITAL  BOX 252 B  SCHREIBER OF HOSPITAL BOY 153 MARY STATE HOSPITAL  S. NAME OF OPECASED  OF First Middle  OF OPECASED  OF FIRST MIDDRY MARY  S. CHREIBER OF OPERA NOVEMBER 29 19 66  S. SKX  S. COLOR OR RACE  MIDOWED DOWORCED DOS II 1-94  TOD. UDUAL OCCUPATION (Give kind of work done during of work done during not of working life, even if retired)  HOUSE WIFE  13. FARNED STATE  III. BIRTHFRACE (County & Stote, or draring no contry)  III. BIRTHFRACE (County & Stote, or draring no contry)  CANADA  14. MONTHS MARDIN NAME  UNKNOWN  15. WAS DECASED PUR BULS ARRED FORCES?  (NYKANEN'X LAFEX  IVEN DECASED PUR BULS ARRED FORCES?  (NYKANEN'X LAFEX  IVEN DECASED PUR BULS ARRED FORCES?  (NYKANEN'X LAFEX  IVEN DECASED PUR BULS ARRED FORCES?  OF A COLOR OR RACE  ON CONTRIBUTING GOVE AND PUR BULS ARRED FORCES?  ON CONTRIBUTING GOVE AND PUR BULS ARRED FORCES.  ON CONTRIBUTI	-									
A MAR OF HOSPITAL OR INSTITUTION (it not in hospital), gives street oddress)   d. STREET ADDRESS   e. IS RESIDENCE ON A FARM	-	b. CITY OR TOWN (	It outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (It o	utside carparate limits, wri	te KUKAL and give	e nearest tawn)	
EASTERN SHORE STATE HOSPITAL   Box 252 B   TO NA ARMON					5 YEARS	PREST	ON, MARYLAN	D	15.2	
FEASTERN SHORE STATE HOSPITAL   BOX 252 B   YES   MO		d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	in haspital, gi	ive street address)	d. STREET ADDRESS			e. IS RESIL	DENCE
SCERE   BER   DEATH   NO VEMBER   29   19   66	3			OSPIT					YES X	NO 🗌
S. SEX 6. COLOR OR RACE 7. MARRIED XX: NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In year) Flunder 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3		First		Middle	Last	OF			7
The control of the			MARY		MAE	SCHREIBER				
10b. ISUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR NOUSTRY   10b. SEVEN   FE	S	. SEX	6. COLOR OR RACE 7	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye			
CANADA   COUNTRY?	E	EMALE	WHITE					-		MIII.
13. FAIRE MANDEN NAME   14. MOTHERS MAIDEN NAME   15. WAS DECEASED PER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. ADDIT NAME   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   19. WAS AUTOPSY PERFORMED?   19. DUE TO   19. DUE TO   19. DUE TO   19. WAS AUTOPSY PERFORMED?   19. DUE TO	1	Oo. USUAL OCCUPATION	(Give kind of work done			11. BIRTHPLACE (County	y & State, ar fareign country			
13. FATHER SWING   14. MOTHERS MAIDEN NAME   15. WAS DECARSED PYRE IN U.S. ARMED FORCES? ("Tex. DO STORING PART II. DEATH (Enter analy one cause per line for (a), (b), and (c).)    18. CAUSE OF DEATH (Enter analy one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter analy one cause per line for (a), (b), and (c).)   19. WAS AUTOPSY PERFORMED? (c)   19. WAS AUTOPSY PERFORMED?	0			INL	Home	CANADA		1	USA	
INTERVAL EXAMPLE   INTERVAL   I		3. FATHER'S NAME					NAME		Barrey	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH			LAFEX			UNKNOWN				
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:		Yes no orunknown)	(If yes give wor or dates at s	ervice)	8-16-1311 R	ECORDS OF T	HE FASTERN S	SHORE ST	ATE HOSP	ITAL
PART I. DEATH WAS CAUSE (0)  DUE TO  Conditions, if ony, which gave rise to immediate cause (0), stoting the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO TOWN)  [State]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CON	=		<u> </u>					,		
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Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO DECEMBER HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)  20c. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH II. FEITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not While Of INJURY OCCURRED While Not While Of INJURY (Harme, farm, factory, street, affice bldg., etc.)  21. I certify that (this haspital) attended the deceased fram 0 - 4, 1966, and that deoth occurred at 330 PM, fram causes and on the date stated abave.  22c. SIGNATURE  22d. ADDRESS  NAME (TYPE) JOHN BLAIR WEBSTER M.D.  23d. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	1	11928		1	pumania.				26 00	V.S.
DUE TO   Stoting the underlying cause   Other Significant Conditions   Contributing to Death But not related to the terminal Disease Condition Given in Part 1(a)   19. Was autopsy Perrormed?   YES   No		7/5/1	hish amount	- /	1.1				A	
Stoting the underlying cause   Color			0 (0)	-	ronic deb	1/1464100			-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    19				)					100	
PERFORMED? YES NO  County)  State)  PERFORMED? YES NO  PERFORMED? YES NO  County)  State)  PHYS.  P		last.	) (c)	)						
200. ACCIDENT WAS UNDERLYING \( \text{200.} \) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)  200. ACCIDENT WAS UNDERLYING \( \text{200.} \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Manth, Day, Year Hour a.m. \( \text{190.} \) Phys. \( \text{190.} \) Phys. \( \text{190.} \) County)  201. I certify that \( \text{190.} \) (this haspital) attended the deceased fram \( \text{190.} \) O = G = \( \text{190.} \), 19 G \( \text{100.} \) (to \( \text{190.} \) (to \( \text{190.} \) (to \( \text{190.} \) (That \( \text{190.} \)) (we) last saw the deceased dive on \( \text{110.} \) 29 — 19 G \( \text{190.} \), and that deoth occurred at \( \text{230.} \) PM, fram causes and on the date stated abave.  220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  220. DATE SIGNED  221. PHYSICIAN'S NAME (Type) JOHN BLAIR WEBSTER M.D.  222. PHYSICIAN'S NAME (Type) JOHN BLAIR WEBSTER M.D.  232. BURIAL (REMATION), 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	,   ,	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1	(a)	19. WAS AUTO	OPSY MED 2
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While atwark atwa	110				none					
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While atwark atwa	0151	200. ACCIDENT WA		20b. DES	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I ar Part II af item 1	8.)		
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While atwark atwa	193	OR CONTRIBUTING								
21. I certify that (this haspital) attended the deceased fram 10 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 10 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , to 29				20d IN		ACE OF INITIRY (Home for	m 20f. (City or to)	vn) (Co	unty) (	(State)
21. I certify that (this haspital) attended the deceased fram 10 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 10 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , 19 6 , that (this haspital) attended the deceased fram 20 - 6 , 19 6 , to 1 - 29 , to 29	1024	Hour a.	m.		Not While for	ctory, street, affice bldg., etc	.)		,	
saw the deceosed alive on 11-29-1966, and that deoth occurred at 330 PM, fram causes ond on the date stated abave.  220. SIGNATURE  220. SIGNATURE  221. DATE SIGNED  222. PHYSICIAN'S DIRECTOR	1	p.1	II.				10 () ( ) ( )	20 10	1 1 1 1 1 1 1	, <u>)   </u>
220. SIGNATURE    220. SIGNATURE     220. DATE SIGNED   220. DATE SIGN		21. I certi	ty that (this haspi	ital) attend	ded the deceased tram_	t dooth occurred a	19.62, 10.77	<u>∞</u> , 192	es, mar (p) (	(we) last
22c. PHYSICIAN'S NAME (TYPE) JOHN BLAIR WEBSTER M.D.  23a. BURIOL (CREMATION), 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)			eceosed alive on	1-24		ar deoin occurred a	1 A P M, Irdin Cd			a abave.
22c. PHYSICIAN'S NAME (TYPE) JOHN BLAIR WEBSTER M.D. EASTERN SHORE STATE HOSPITAL  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)		220. SIGNATURE	11/12	21.	114/2/10					16
23a. BURIAL CENTION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)		no. Duveletane	John De	au i	MEUSTE N	111101	DIKECTOK L PHYS.	2019	1000 190	, -
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)			V	Mena	en M D		0	Hospita		
05400/41 (6	-		JUHN DLAIK							
But Tal'   Dec. 3.1966   Hill Crest Cemetery   Federalsburg, Maryland	12		1		23c. NAME OF CEMETERY OF	R CREMATORY			, ,,	Stote)
24. FUNERAL DIRECTOR SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OF SIG		Bullal	Dec. 3, 1	966			Federal			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours after death. Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

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	PATTAL AUSTRAL		JANUAR DESCRIPTION
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15598 MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DERI I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY 0 b. COUNTY Page 3 to deoth MARYLAND delay Department LENGTH OF STAY IN 16 (If outside corporate limits outside corporate limits, write RURAL and give nearest town) ond, PM3. write RURAL and give nearest town ofter e. IS RESIDENCE ON A FARM? (If not in hospital, give street d. STREET ADDRESS form hours Stote Item 18. Give Pages YES NO X be executed within 24 hours after death. along with 3. NAME OF DATE Month Doy Year DECEASED OF DEATH the event within 19 Co 6 (Type or print) with S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED X DIVORCED CV 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ony Housewife HOME OWN pages Exominer 13. FATHER'S NAME pencil 14. . pup File WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN1 permit. Chief Medicol (Yes, no, or unknown) (If yes give wor or dotes of service removal, EASTERW Shore State 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY ERMINAL NEU MONIA 0 IMMEDIATE CAUSE (o) necessary, please execute the certificate, writing the word This certificate should cremotion, DUE TO the ERACTURE NECK FEMUR Conditions, if ony, which gove rise to immediate couse (a) 4 should be forworded to DUE TO stoting the underlying couse 0 SO buriol, o lost nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION be NO 04 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 18.) agent, priar 3 should AL EXAMINER: files. CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Your Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Page , ot work its designoted 21. I certify that I took charge of the remains described above, held an Autopsy be retained for Inspection and in my apinian funeral directar. death resulted fram: Natural causes Accident X Suicide Homicide Undetermined monner CHIFF MEDICAL EXAMINER O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth or DEPUTY MEDICAL EXAMINER EXAMINER'S ACE 1 R may

VR A15ME (5)

0

the

NAME (Type)

23o. BURIAL CREMATION

REMOVAL (Specify)

BUFIA 24. FUNERAL DIRECTOR 23b.

DATE, THEREOF

6M 1/66

AL TOONA PA

NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR DE

Address (Street, city, town, or county)

LOCATION

0

(City or Town

(County)

MARYLAND

OR STATE	1559
AITH DEPT	1 DIACE OF DEATH

delay is 2, ond 3 to

in pencil in Item 18. Give Poges 1,

This certificate should be executed within 24 hours ofter death. If

"pending"

necessory, please execute the certificate, writing the word

AL EXAMINER:

TO DEPUTY ME

o. COUNTY

Dorchester

P.M.3. Page lond 2 with the Stote Department of after death. in any event within 72 hours Heolth or its designated agent, prior to burial, cremation, or removal, buriol-tronsit permit 0 FUNERAL DIRECTOR: Page 3 should be used os moy be retained 9

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm

		f outside corporate limit give nearest tawn)	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	outside corpo	orate limits, write RUR	RAL and giv	e neores	t town)	
	Cambr			D. O.	A.	Salis	sbury	r			22.	2
Г	d. NAME OF HOSPITA	L OR INSTITUTION (If no	ot in hospital,	give street address)		d. STREET ADDRESS					e. IS RESID	ENCE
	Cambri	dge Mary	and H	ospital		Rt. 1 Un	nion	Church	Rd.			NO X
	NAME OF	Fi	rst	Middle		Lost	4. DATE	Mont	h	Doy	Yea	ir
	DECEASED (Type or print)	Charles	3	Lester	Sho	ckley	OF DEAT	H Nov.		14	19 (	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D [] 8	. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
IV.	fale	White	WIDOWED	DIVORCE	D 🔲	5/25/17		lost birthdoy)	Months	Doys	Hours	Min.
		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Stot	te or foreign	country)		TIZEN OF		
ıur	ing most of working I Truck d	river	IN F	pustry read rou	ite	Marylan	nd		U	PUNTRY? SA		
	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Charle	s Shockle	У			Ella Ph	nilli	ps				
		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	FORMANT		Addre	SS			
(16	Unknown	(If yes give wor or dotes o	r service)		T	homas F.	Wall	ace, Sa}	isbu	ry,	Md.	
		ATH (Enter only one cou H WAS CAUSED BY:									ERVAL BETV SET AND DI	
	2415	IMMEDIATE CAUSE		bon Mono	xide	poisoni	ıng			L	ista	nt
	0,715	DUE	TO									
	Conditions, if ony, rise to immediate	(0) 021103	(b)							<u> </u>		
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	last.	)	(c)									
2	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	ONDITION GI	VEN IN PART 1(o)			WAS AUTO PERFORME	
AHC												NO X
CIL	2Do. EXTERNAL CAL PRIMARY OF COM					Enter noture of injury in		,				17
CE	CAUSE OF DEATH.	IIKIBOTINO 🗆	Wa	s found	dead	behind v	wheel	. of true	ck.			
2		RY Month, Doy, Year		JURY OCCURRED	20e. PLAC	E OF INJURY (Home, for	rm, 20f.	(City or town)	(Co	unty)	(5	Stote)
ME	3 PM p.m	11/14/66	While of worl	Not While of work	US TO	ry, street, office bldg., etc. 50 High	wat N	r. Link	Mood	, Don	r. M	d.

Suicide .

VR A15ME (5)

Thomas F. Wallace

deoth resulted from:

ACTUAL

SIGNATURE

EXAMINER'S

BURIAL, CREMATION

7/66

Jr. M.D.

Notural couses ,

21. I certify that I took charge af the remains described above, held an Autopsy

Accident X

23c. NAME OF CEMETERY OR CREMATORY Wicomico Mem. ADDRESS

23d. LOCATION (City or Town) Salisbury,

Undetermined manner

Inquiry 🗷

Cambridge.

Inspection ...

Homicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

Md.

b. COUNTY

Wicomico

(County) Md.

ond in my opinion

22. DATE SIGNED

Md.

24. FUNERAL DIRECTOR

John

Mace

DATE THEREOI

Salisbury, Md.

Park 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE NOV 1966

FOR STA

Page

PM3.

Give Pages 1, ing with farm

00

in pencil in Item 1

"pending"

9

delay is 2, and 3 ta

O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death.

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's

please execute the certificate, writing the ward

necessary,

the State Department of in any event within 72 hours after death. and pages burial-transit permit. File burial, crematian, ar remaval, and 0 used as pe 10 TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, priar for your may be retained

CERTIFICATION

MEDICAL

20a. EXTERNAL CAUSE WAS

CAUSE OF DEATH

NAME (Type)

BURIAL, CREMATION

Burial (Specify)

24. FUNERAL DIRECTOR

PRIMARY [ ] or CONTRIBUTING [

MARYLAND STATE DEPARTMENT OF HEALTH

1560	0	MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH		15602
a. COUNTY DO	orchester	MARYLAND	2. USUAL RESIDENCE d. STATE Mary	(Where deceased lived, if	institution: Resider b. COUNTY Dox	nce befare admission)
b. CITY OR TOWN Write RURAL or Cambra	(If autside carparate limits, ad give nearest town)	c. LENGTH OF STAY IN 16		autside carparate limits, w oridge		re nearest town) 1 9. /
DOA Cam	or institution (If not in hoboridge Maryland	spital, give street address) Hospital	d. STREET ADDRESS 311 Glei	nburn Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First BESSIE	Middle VIRGINIA	SMITH	4. DATE OF DEATH	Manth Nov.	14 19 66
S. SEX Female	White	RRIED NEVER MARRIED NOWED NOWED DIVORCED	8. DATE OF BIRTH AUST . Dec. 28. 189	9. AGE (In ) lost birth		1 YEAR IF UNDER 24 HR. Days Haurs Min.
10a. USUAL OCCUPATIO during mast of warking HOUSEWI.	ON (Give kind af wark dane Life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (Sta	te or foreign country)  Maryland		TIZEN OF WHAT USA
13. FATHER'S NAME	Benjamin Hub	bard	14. MOTHER'S MAIDEN			
15. WAS DECEASED EV (Yes, ag, ar unknawn)	/ER IN U.S. ARMED FORCES? ) (If yes give war ar dates af servic	e) 16. SOCIAL SECURITY NO. 17 Unk M	informant irs Agnes Ja	ckson, Cambi	Address ridge, Ma	aryland
	DEATH (Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Donathanitia				INTERVAL BETWEEN ONSET AND DEATH
Canditians, if an		Volvulus ileu	m			1 day
stating the und						

20e. PLACE OF INJURY (Hame, farm (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City ar town) (County) Haur a.m factory, street, affice bldg., etc.) While Nat While 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry ond in my opinion Notural couses ICX Suicide [ deoth resulted from: Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

ACTUAL SIGNATURE **EXAMINER'S** John Mace Jr.

LeCompte Funeral Service, Cambridge, Maryland

23b. DATE THEREOF

Nov 16 1966

DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar caunty)

ASSISTANT MEDICAL EXAMINER

VUV.

23d. LeerHON (CITY of Jawn) EN NA (County)

23c. NAME OF CEMETERY OR CREMATORY Lawncroft Cemetery **ADDRESS** 

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

25g. REC'D BY REGISTRAR

2Sb REGISTRAR'S SIGNATURE unger

11/14/66

WAS AUTOPSY PERFORMED?

NO

(State)

YES X

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

		Divisian of STATISTI	CAL RESEA	RCH AND RECORD	05, 301	W. PRESTON STRI	EET, BALI	IMORE, MARYL	AND 21:	201		
	15601			CERTIFI	CATE	OF DEATH				156	114	
	PLACE OF DEATH O. COUNTY	RCHESTER		MARYLA	AND	2. USUAL RESIDENCE ( o. STATE	Where dece	osed lived, if instituti b. COUN		nce before	admissi	on)
	write RURAL and	f outside carporote limits, give nearest town)	4 115	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)						
	RURAL CA	AMBRIDGE					4		/	4 .		
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not				d. STREET ADDRESS					ON A F	ARM?
3.	NAME OF	Firs		Middle		Lost	4. DATE	Модт	h.	Day	Ye	or
	DECEASED (Type or print)	MAR	Y F	REBECCA S	PEAR		OF DEAT	Nov.	- m		196	6
S.	FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED >	NEVER MARRIED  DIVORCED	8.	1/19/84		9. AGE (In years last birthdoy) 82 yrs.	IF UNDER Manths	Days	Hours	Min.
dur	ing mast af working l			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or	oreign country)	CC	TIZEN OF DUNTRY?	WHAT	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	Mary April			100	
	RICHARD						00,000	F. Fost		Sin.		
1S. (Ye	WAS DECEASED EVE es, na, ar unknown) NO	R IN U.S. ARMED FORCES? (If yes give war ar dates af	service) 16. S	OCIAL SECURITY NO.		FORMANT OSPITAL REC	CORDS	Addre	SS			
		ATH (Enter only one coust H WAS CAUSED BY: IMMEDIATE CAUSE (	o)	Pheuir							RVAL BE	
	Conditions, if any, which gave rise to immediate couse (a),				, 0	debiliy				6	men	illy
	stating the under last.	lying couse DUE I	o c)			×						
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELAT	TED TO TH	IE TERMINAL DISEASE CO	NDITION GIV	/EN IN PART 1(a)		19. YE	WAS AUT PERFORM S	OPSY NO
MEDICAL CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCC	URRED. (E	nter nature af injury in	Part I or Po	ort II of item 18.)				
MEDICA	20c. TIME OF INJU Haur a.m p.n	10	20d. IN While at wark	Not While		OF INJURY (Hame, farrry, street, office bldg., etc.		(City or town)	(Co	ounty)		(Stote)
	21. I certify that (I) (this hospital) attended the deceased from 8-25-6, 1906, ta 10 cmb 4479 69 that (I) (we) lass saw the deceased alive an 10 cm 13/19 60, and that death accurred at 3/19 M, fram causes and an the date stated above											
	22a. SIGNATURE	Ports FK	an	00	M.D.	11115.	MED. DIRECTOR	STAFF PHYS.	22b. D	25-	-66	5
	22c. PHYSICIAN'S NAME (Type)	Carlos	FR	arroso	MD	ESS Hop	ital	Cambridg	c Do	rhes	ter	Md
23c	BURIAL, CREMATIO REMOVAL (Specify)	Nov. 28.		23c. NAME OF CEMETE Millingto				OCATION (City or To-	,	(County) Ken t	,	Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physolan and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, cremation, or remover, and in any event, within 72 haurs after deet

VR A15 (4) 20 M 1/66

deoth.

and

FUNERAL DIRECTOR

Millington,

Yeu r MG.

250. REC'D BY REGISTRAR NOV 29 1966 REGISTRAR'S SIGNATURE

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			He he wife with the line.
Market Line Line Street		Transfer moderate (Late)	TOTAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15602
CERTIFICATE OF DEATH
15605

						0000	
1. PLACE OF DEAT a. COUNTY	н orchester	MARYLAND	2. USUAL RESIDEN	ICE (Where deceased	h COUNTY	Residence before ac Dorcheste	
Write RURAL	VN (if outside corporate limits and give nearest town)  ock - Rural			f outside corporational furlock -		AL end give neares	st town)
	SPITAL OR INSTITUTION (if not	t in hospital, give street address		s Bobtown			FARM?
3. NAME OF DECEASED (Type or print)	First India	Middle Mae	Stanley Stanley	4. DATE OF DEATH	Month November	19	6
5. SEX Female	6. COLOR OR RACE 7. MAR WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	lac	E (In years IF UND Months  yrs.	ER 1 YEAR IF UNDER	R 24 HRS Min.
10a. USUAL OCCUPA during most of work Housewor	TION (Give kind of work done   1 king life, even if retired) K	Ob. KIND OF BUSINESS OR INDUSTRY Home	Dorcheste	County & State, or for		CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAM			14. MOTHER'S MAI	DEN NAME			
	gene Augustus H		The state of the s	nie Mae Mo			
15. WAS DECEASED (Yes, no, or unkown) NO	EVER IN U.S. ARMED FORCES?   (If yes give war or dates of service)		hillip L. Ho	olliday, H	Address Hurlock, M	d., RFD	
	DEATH [Enter only one cause EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).]  Myocardial	failure			INTERVAL BE ONSET AND I	DEATH
Conditions, if gave rise to cause (a), s underlying cau	Immediate DUE TO	Chronio myoc	varditis			3 yea	rs
PART II. OTHER  2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITIONS CON- Hyperte	TRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION	ON GIVEN IN PART 1(	PERFOR	
2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING   20 ING   CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of	of injury in Part I	or Part II of Item	18.)	
Hour a.	m. v		ACE OF INJURY (Home, tory, street, office bldg.,		or town) (C	County) (S	State)
saw the de	ceased alive on 1	tended the deceased from_ L-6-6619, and th	1964 at death occurred at	19, to1 5 A <sub>M</sub> , from t		the date stated	ve) las l above
222 SIGNATU	in M. an	nderson.	.D. ATTENDING	MED. DIRECTOR	STAFF 22b.	DATE SIGNED	
22c. PHYSICI NAME (T	ype) Frank M. Ar	nderson M.D.		lsburg,	Md.		
23a. BURIAL, CREI REMOVAL (Sp Burial	Nov.9,1966	Federal Hil	1 Cemetery	Federa		aryland	tate)
Framptom	Tramelon th.	ADDRESS Federalsburg, Ma		NOV 18	966 FC	liantes Ju	sge

VR A15 (4) 15M 4-64

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bac fyrag	, mudalorabot	yantaes) 11		Mov. 9. 1066	falma
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death

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15603	CERTIFICATE	OF DEATH		15606
	(	D. CITY OR TOWN (If outside corporate limits,	er maryland	o. STATE med	re deceosed lived, if institution: b. COUNTY corporate limits, write RURAL	Kanoline
3	600	n write RURAL and give nearest town)  1. NAME OF HOSPITAL OR INSTITUTION II not in ho	pospitol, give street address)	d. STREET ADDRESS	Ley-	e. IS RESIDENCE ON A FARM? YES NO
	[		MEYER INMINIED	dher DATE OF BIRTH	Inst hirthday) III	Doy Year  2 4 19 66  FUNDER I YEAR   IF UNDER 24 HRS. Ionths   Doys   Hours   Min.
	duri	USUA). OCCUPATION (Give kind of work done no of the organization of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	May 20, 188  11. BIRTHPLACE (County & SI	tote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi		NFORMANT HE	y Bet Buils Address	L Pampnidge
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.  (c)	arteriolan	hephrosel	erosis	interval between Jones Allo Death
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB  20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH	BUTING TO DEATH BUT NOT RELATED TO TO 205. DESCRIBE HOW INJURY OCCURRED. (			19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19	While Not While of work of work	E OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased fram	death accurred at #		d an the date stated abave.  22b. DATE SIGNED  11-24-66
1		22c. PHYSICIAN'S CARLOS F	BARRUSO ME			Porchester Md.
1	230	BURIAL, CREMATION, 23b. DATE THEREOF 11-28-66			Coldsboro	, Md.
1	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY		TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They press remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours ofter death Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND ٥ b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL end give mearest town .= hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) ADDRE completely papers. in 72 ho 3. NAME OF First Middle DATE Monf DECEASED OF (Type or print) DEATH carbon withi COLOR OR RACE 7. MARRIED SEX AGE (In years | IF UNDER 1 YEAR 6. and NEVER MARRIED 8. DATE OF BIRTH last birthday) event, WIDOWED DIVORCED remove any ever nysician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) BIRTHPLACE during most of working life, even if retired) attending pl Then please val, and in a death MOTHER'S MAIDEN NAME Then the levoi. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address yes give war or dates of service) that physician. CAUSE OF DEATH [Enter only one cause e for (e), (b), end (c), 20 per has been signed e burial-transit pe PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) DUE TO affending Me. Conditions, if eny, which gave rise to immediate ceuse **DUE TO** (e), steting the underlying the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 95 0 CERTIFICATION use Prior 20a. ACCIDENT WAS UNDTRLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part I or Part II of item 18.) this Health detached After MEDICAL DIRECTOR: After 3 should be detact he State Dept. of H 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 19 M, from the causes and on the date stated above. .19 and that death occurred saw the decease 22e. SIGNATURE 3 ATTENDING eath. Page 4 HOSPITAL page PHYS. DIRECTOR M.D. 22d. 22c. PHYSICIAN filed v NAME (Type) BURIAL, CREMINON, 236. 23c. NAME OF CEMETERY OR CREMATORY town or county) DATE THEREOF 0:53 O REMOVAL (Specify) REC'D BY REGISTRAR 25Ь. REGISTRAR'S SIGNATURE DIRECTOR'S. ADDRESS 1966

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES [

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO T

(State)

(I) (we) last

22b. DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Months

Year

19

IF UNDER 24 HRS.

ON A FARM

NO

VR A1S (4) 20M 5-63

#008E P 3 1 4 5 SE TATES DESIGNATION OF THE SE Wilderig A. March 1987 Dec 1987 State Cerebert fromwarme Real of Lypech wine Charles Citing Phones of Company of Line part to the control of

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATIS	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	, BALTIMORE 1, MARYLAND
15605	CERTIFICATE OF DEATH	15608

l las e	15605 CERTIFICA	TE OF DEATH	15608				
he fune 2 short th.	1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND	a. STATE Maryland b. COUNTY	tion: Residence before edmission)  Dorchester				
nin 24 ho ed in by th ges 1 and after deat	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest lown)  Cambridge  c. LENGTH OF STAY IN 1b  50 years	c. CITY OR TOWN (If oulsida corporata limits, write RURAL and give nearest town)  Cambridge					
d within	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 417 Bayly Avenue	d. STREET ADDRESS 417 Bayly Avenue	a. IS RESIDENCE ON A FARM? YES NO				
d complete	3. NAME OF First Middle GUY R.	TALL 4. DATE Month OF DEATH NOV.	Day Yeer 19 66				
e be be	5. SEX Male  6. COLOR OR RACE 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	S. DATE OF BIRTH  June 23, 1890  9. AGE (In years IF UN last birthdey) Mont					
certification of the control of the certification o	Salesman Furniture	Dorchester Co., Maryland	2. CITIZEN OF WHAT COUNTRY? USA				
death anding I	13. FATHER'S NAME Thomas Tall	14. MOTHER'S MAIDEN NAME Lonie Pritchett					
that the attempt the attempt the attempt the attempt the attempt to the attempt the attempt to t	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no., or unkown) (If yes give war or dates of servica) Unk  Unk	ir. Webster Tall, Cambridge, Ma	aryland				
aquires shysician ned by sit perm	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e) Congestive Heart	INTERVAL BETWEEN ONSET AND DEATH 3 - 4 days					
nding posen sign	Conditions, it dity, which	cardio vascular disease	4 - 5 year				
or after or after has be the bur the bur burial,	geve rise to immadiate ceuse (a), steting the underlying ceuse lest.  Generalized areterio-sclerosis						
hospital certifical certifical r use as prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  Diabetes Mellitus  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  USE TO RECONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH						
PH the the the the							
DIII Aff	Hour a.m.  p.m.  19  While Not While et work et work	actory, straet, office bldg., alc.)	(County) (Stete)				
_ M < #	21. I certify that (I) XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
	Eldrielas H. Wolf	M.D. ATTENDING MED. STAFF	22b. DATE SIGNED				
O HOSPITAL death. Page 4 O FUNERAL director, page be filed with th	22c. PHYSICIAN'S NAME (Type) Eldridge H. Wolff, M.D.	22d. ADDRESS 615 Locust Street, Cambrid					
TO die g	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS REMOVAL (Specify) Nov 10 1966 Dorchester M	emorial Park   Cambridge, Mar	yland				
VR A15 (4) 20M 5-63	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS LeCompte Funeral Service, Cambridge, Ma	ryland Nate 14 1966 fcliant	AR'S SIGNATURE				

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MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE, MARYLAND 21201

	DIVISION OF STATISTICAL	KESEARCH AND RECORDS, SU	I W. PRESION SIREEI, DAL	IMORE, MAKILAND ZIZUI
	15606	CERTIFICATE	OF DEATH	15609
	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where dece	osed lived, if institution: Residence befare odmis b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carpa	rate limits, write RURAL and give nearest fawn)
4	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	Gizzes 8 mes	Rucal E.	DEA)   9   SRE
5	metern Shore State	Hospital	RFD# 8	ON A YES
	NAME OF First DECEASED (Type or print)	Middle ==	Last 4. DATE OF DEAT	Manth Day
		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-4-87	9. AGE (In years IF UNDER I YEAR IF UND Instruction In
	I. USUAL OCCUPATION (Give kind of work dane ing most of working life, even it retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or	areign country) 12. CITIZEN OF WHAT COUNTRY?
3.	FATHER'S NAME, Tours	on.	14. MOTHER'S MAIDEN NAME	ausles
S.X	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknawn) (If yes give war or dates of serv		NFORMANT STEEN SLEDE STAN	Hospital - MENK
7	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a); (b), and (c).)	heart fails	INTERVAL B
	Conditions, if ony, which gove )  (b)	Phenneni	a	5 day
	rise to immediate couse (a), stating the underlying cause last.	General d	ebi lity	1 3
NIOIN N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	/EN IN PART I(a)   19. WAS AL PERFOR
CERTIFIC	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part 1 or P	ort II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur o.m. p.m. 19		CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	(City or town) (County)
	21. I certify that (I) (this hospital saw the deceased alive an now	attended the deceased from Lember 5 19 66, and that	t death accurred at 320	ta November 3, 1966, that (I) M, fram causes and an the date stat
	220. SIGNATURE	auroso m.	D. PHYS. D MED.	STAFF 22b. DATE SIGNED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. The should be filed with the State Dept. af Health priar ta burial, crematian, or remaind the state Dept. at Health priar ta burial, crematian, or remaind the state Dept. at Health priar ta burial, crematian, or remaind the state Dept. at Health priar ta burial, crematical transfer and the state Dept. at Health priar tables are stated to the state Dept. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

lease remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death physician and campletely filled in by the funeral

24, FUNERAL DIRECTOR

PHYSICIAN'S NAME (Type)

230. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF

ARROSO 235 NAME OF CEMETERY OR CREMATORY

ADDRESS

DIRECTOR ADDRESS HOS

PHYS.

22b. DATE SIGNED 1-5-66

esidence befare odmission

e. IS RESIDENCE ON A FARM? YES NO

Year 1966 IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO

(Stote)

19<u>66</u>, that (I) (we) last an the date stated above

Can bridge Dorchester 23d. LOCATION (City or Town) (County) (State)

2Sb. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

1956

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Total Translation refer to the major to the two parts of the contract of the parts of the contract of the contra

23c. NAME OF CEMETERY OR CREMATORY

Holly Memorial Gardens

Address (Street, city, town, or county) Cd on boild a 12

2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

1966

Charlottesville, Virginia

25b. REGISTRAR'S SIGNATURE

liarles

funerol director. moy be renecessory, 5 moy b the 6M 1/66

VR A15ME (5)

NAME (Type)

23o. BURIAL CREMATION.

REMOVAL (Specify)

DATE THEREOF 10 1966

24. FUNERAL DIRECTOR
LeCompte Funeral Service, Cambridge, Maryland

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Division of STATISTICAL DESEADCH AND DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

1	5608	3		CERTIFIC	CATE	OF DEATH				15	61	
o. COUN		RCHESTER		MARYLA	ND	2. USUAL RESIDENCE ( a. STATE	Where dec	b. COU	ITY _	nce befor		n)
		f autside carparate limits, I give nearest town)	ALC: N	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	utside corp	orote limits, write RUI	RAL ond giv	e neores	t town)	
-		GE (RURAL)		6 MONTHS		PRINCESS	ANNE	,		17	2.	
		AL OR INSTITUTION (IF not SHORE STATE				d. STREET ADDRESS  ROUTE #1				0	e. IS RESIL ON A FA	
. NAME (	OF	, Firs		Middle		Last	4. DATI	E Mont	h	Day	Yeo	ar
Type or		BERNAL	20	.1	-	THOMAS	OF DEAT	TH NOVEM	BER	15	196	6
S. SEX		6. COLOR OR RACE	7. MARRIED WIDOWED			DATE OF BIRTH		9. AGE (In yeors lost birthdoy) 73 yrs.	IF UNDER Months	1 YEAR Doys	Hours	24 HRS. Min.
luring most	t of working	(Give kind of work done life, even if retired)	10b. I	KIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County SOMERSET	Co-Mc	foreign country)		ITIZEN OF DUNTRY?		
13. FATHER		THOMAS				NELLIE D		ELT.				
IS. WAS D	ECEASED EVE runknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates of	service) 16.	SOCIAL SECURITY NO.		NFORMANT CORDS OF TH		Addre				
Condit	PART I. DEAT	e couse (o), DUE T	0)	r (a), (b), and (c).) evas dovhic	00.	teinome.	of	the Jun	5		ERVAL BET SET AND D	
PART	II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING	TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	NDITION G	IVEN IN PART 1(o)			WAS AUTO PERFORM ES	OPSY ED? NO
OR CO	NTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCU	JRRED. (	Enter nature of injury in	Part I or I	Part II of item 18.)				
WED.	Hour o.r	n. 19	While of wo	e Not While ot work	focto	E OF INJURY (Hame, far ory, street, office bldg., etc	.)			ounty)		Stote)
21	l. I certi	fy that 🎁 (this hasp eceased alive an	ital) atter	nded the deceased fr	am_< id that	death accurred a	1966	M, fram causes	5, 19 and an	66, th	at (F) ( e stated	we) las I abave
	SIGNATURE	John B	Pau	Webster	M.E		MED. DIRECTOR	STAFF PHYS.		PATE SIGN		
22c.	PHYSICIAN'S NAME (Type	200111	IR WEI	STER M.D.		22d. ADDRESS EASTERN	SHORE	E STATE HO	SPIT	AL.		
	AL, CREMATIO		EOF IGI	23c. NAME OF CEMETE	RY OR (	CREMATORY	23d	LOCATION (City or To	wn)	(County		tate)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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24.

VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

ADDRESS

250. REC'D BY REGISTRAR NOV 2

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25b. 1966 REGISTRAR'S SIGNATURE Miarles

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15619 CERTIFICATE OF DEATH					
1.	PLACE OF DEATH a. COUNTY  Dorchester	MARYLAND	2. USUAL RESIDENCE a. STATE Mary 1	(Where deceased lived, If Institution: R	esidence before admission)	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge	c. LENGTH OF STAY IN 1b		tside corporate limits, write RURAL		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho Cambridge-Md. Hospita	spital, give street address)	d. STREET ADDRESS	aryland Ave.	e. IS RESIDENCE ON A FARM? YES NO IX	
3.	NAME DF First DECEASED (Type or print) William	Middle Howard		A. DATE Month DF DEATH NOV. 2	Day Year	
5.		NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER hast birthday) yrs.		
iur (	Ing most of working life, even if retired)  Cashier  Re	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Coun	Co	DUNTRY?	
13.	Wm. J. Twilley		14. MOTHER'S MAIDEN	Wright		
(Ye	s, no, or unkown)   (If yes give war or dates of service)		INFORMANT CS. W. Hows	Address and Twilley Car	mbridge Md.	
	18. CAUSE DF DEATH [Enter only one cause per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	TASTATIC ADE	NOCARCINOMA	INTERVAL BETWEEN ONSET AND DEATH (-2 MONTHS	
	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  DUE TD  (c)	DENOLARCINONI	9 of coro	N	6-7 MONTHS	
-ICALION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
CEKIII	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			ljury in Part I or Part II of Item 18		
CA	2Dc. TIME OF INJURY Month, Day, Year   20d. In	JURY OCCURRED   200. PLAC	E OF INJURY (Home, farm	, 2Df. (City or town) (Cou	inty) (State)	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after pleasts.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MED

Hour a.m.

saw the deceased alive on

p.m.

22a. SIGNATURE

22c.

24.

19

FRANKLIN

While at work Not While at work

28 19 66 that (We) last 21. I certify tha (1) (this hospital) attended the deceased from 94 M, from the causes and on the date stated above. and that death occurred at DATE SIGNED

MED. DIRECTOR

Jann 7	1. I harten	M.D.	PHYS.	110
HYSIOTAN'S			22d. /	DDRE

GCARTER, M.D. 704

STAFF PHYS. STREET LOCUST

LOCATION (City, town or county) (State)

BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23a. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATDRY 23d. E. 166 New Dec. Market FUNERAL DIRECTOR

Cambridge

Md. 21613

Cometery E. New Market Md.

1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1966

11-30-66

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15610
CERTIFICATE OF DEATH
2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a COUNTY)

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Dorchester MARYLAND	a. STATE Maryland b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cambridge Life	Cambridge 09./
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS    O. IS RESIDENCE ON A FARM?
Cambridge Maryland Hospital, Inc.	
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Lillian Coleman Wa	lden Death Nov. 30 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Last birthday)   Months   Days   Hours   Min.
	Apr. 2, 1896 70 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Teacher	Dorchester Co., Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
Esau Pratt Coleman	Eliza Jane Sampson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	erson Walden, M.D. Baltimore, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Occleum Onset and Death
IMMEDIATE CAUSE (a)	2000
Conditions, If any, which	
gave rise to immediate	
cause (a), stating the OUE TO underlying cause last,	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT REL	PERFORMED? YES NO
20a. ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Cay, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
White Mot white	pry, street, office bldg., etc.)
	1-29 , 1966, to 11-30 , 1906, that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 cm. and that	t death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Alexand M.C	ATTENDING MED. STAFF
22c. PHYSICIAN'S	22d. AOORESS
NAME (Type) 6. Edwin Fassett, M.D.	727 Pine Street Cambridge, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER)	
Burial (2)/3/66 Waugh	Cambridge Md.
24. FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
- Trefuce C. Her Cambridge.	Md. DATE DEC 7: 1966 Acharles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. 6 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M 1/65

27 是一个人,我们们就是一个人的人,我们也是一个人的人,我们就是一个人的一个人的人,他们也没有一个人的人。 . Will be a second of the seco and the second s V. 98 A STANDARD OF THE PARTY OF THE 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in envy event, within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15614
15614

L. PLACE OF DEATH  **COUNT** DOTCLESTER  **DIT OR 10 WHI PER would be composed limits.  **DIT OR 10 WHI PER would be composed limits.  **WIN RANA and governorman limits.  **WIN RANA And governorman.  **WIN RANA And gov		10011
Note	a. COUNTY Dorchester	
Cambridge Maryland Hospital  None RFD #3    Cambridge Maryland Hospital   None RFD #3   Cambridge Maryland Hospital   None RFD #3   Cambridge Maryland Hospital   None RFD #3   Cambridge Maryland Hospital   None RFD #3   Cambridge Maryland Hospital   None RFD #3   Cambridge Maryland Hospital   None RFD #3   Cambridge Maryland   Day   Ver Decrease   None Related   Day   None RFD #3   Cambridge Maryland   Day   None RFD #4   Cambridge Maryland	write RURAL and give nearast town)	
DECRASED (Type or print)  5. SIX FEMALE  White  White  White  Who c. 2, 1966  S. SAX FEMALE  White  White  Who c. 2, 1966  S. DATE OF BIRTH  NOV. 2, 1966  S. DATE OF BIRTH  NOV. 2, 1966  S. DATE OF BIRTH  NOV. 2, 1966  S. SAX FEMALE  White  Who conditions (reversed to the condition of the condi		None RED #2 ON A FARM?
Alban W. Walter   Divorced   Nov. 1891	DECEASED TAND U	OF OF
Unknown   Sara Scudder   Mr. Joseph Walter, Cambridge, Maryland   Mr. Joseph Walter, Cambr	remaie will to	Nov. 180), lest birthdey) Months Deys Hours Min.
Alban W. Walter  Sara Scudder  15. WAS DECEASED EYER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Joseph Walter, Cambridge, Maryland  18. CAUSE OF DEATH [Enter only one course per line for (a). (b). and (c).]  PART I. DEATH WAS CAUSED BY I. DEATH WAS CAUSED BY I. MANUEL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO.    20. ACCIDENT WAS UNDERLYING   Course lest.   Conditions of the course lest	done during most of working life, even if retired)	
Ves. No. or unknown   (If yas give wer or detectiservice)   Unknown   Mr. Joseph Walter, Cambridge, Maryland		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Conditions, if eny, which gave rise to immediate cause (a), steing the underlying couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART III. OTHER SIGNIFICANT COURSE ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART III.		
20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   OR CONTRIBUTION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A cute My Cause  HAD I  Conditions, if eny, which gave rise to immediate cause (a), stating the underlying  DUE TO  DUE TO	ONSET AND PEATH
20c. TIME OF INJURY Month, Day, Yeer While Not While of work 19 While of w	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO
21. I certify that (I) (this hospital) attended the deceased from	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLA: Hour e.m. 20d. INJURY OCCURRED 20a. PLA: fector	
REDUCED M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DI	21. I certify that (I) (this hospital) attended the deceased from	death occurred at AM, from the causes and on the date stated above.
NAME (Type) RICHARD G. BILDEAU CITY OFFICE BLOG., CAMBRIDGE, M. 236. BURIAL, CREMATION, 236. DATE THEREOF, NOV. 5, 1966 Union Hill Cemetery   23d. LOCATION (City, fown or county)   (State)   Eurial (Specify)   Nov. 5, 1966 Union Hill Cemetery   Kennett Square, Penna.   24 FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   258. REC'D BY REGISTRAR   256. REGISTRAR'S SIGNATURE	Ruliand M. Buladeans M.	D. ATTENDING MED. STAFF DIRECTOR PHYS. SIGNED
REMOVAL (Specify) Nov. 5, 1966 Union Hill Cemetery Kennett Square, Penna.  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	NAME (Type) RICHARD G. BILODEAU	
	Burial (Specify) Nov. 5, 1966 Union Hill Co	metery Kennett Square, Penna.
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To deposit treeses described interest and the NOV a 1986 of the Company

death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. eath certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

VR A15 (4) 20M 5-63

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5612 CERTIFICATE OF DEATH 15615 15612

	COUNTY	orchester		MARYLAI		B. STATE Mar	yland	deceased lived, If b. COUN		idence before e	dmission)
	write RURAL a	(if outside corporete limi nd give nearest town) ambridge	ts,	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN	(If outside cor	porate limits, writ	e RURAL and g	ive nearest tow	n)
		PITAL OR INSTITUTION (		spitel, give street eddress) Hospital		d. STREET ADDRESS		1-Box40		ON A	SIDENCE FARM? NO
	NAME OF DECEASED (Type or print)	First		Middle E.		Last Waters	4. DATE OF DEAT	Month H Novembe		Day Yeer	66
5.	Female	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED DIVORCED DIVORCED	7	1y 9, 1887		9. AGE (In yeers lest birthday) 79 yrs.	Months De		24 HRS. Min.
10a doi	Factory	ATION (Give kind of work working life, even if retire WOTK	d) [	ghts Cannery		1. BIRTHPLACE (Cou Dorchester				J.S.A.	OUNTRY?
13.	FATHER'S NAME					MOTHER'S MAIDEN	NAME				
-		Alexander T	A				y Loui	se Teagl			
(Ye:	NO Unkown)	EVER IN U.S. ARMED FOR (Ifyesgivewarordetesofs	ervice)	SOCIAL SECURITY NO. 61-14-0332		iam H. Wat	ers,Jr	.,Hurloc		R.D.#1-	40 Box
		diete cause	C	erebral He			ar Di:	sease		2 days	
CERTIFICATION			TIONS CO	NTRIBUTING TO DEATH BL	JT NOT RI	ELATED TO THE TERMI	INAL DISEASI	CONDITION GIV	/EN IN PART 1(	PERFO	
1 - 1	OR CONTRIBUTIN	WAS UNDERLYING  G CAUSE OF DEATH FY MEDICAL EXAMINER)	2Db. DE	SCRIBE HOW INJURY OCC	CURRED. (I	inter natura of injury i	in Part I or Per	rt II ol item 18.)			
MEDICAL	20c. TIME OF IN Hour e.m p.m	. 19	While at wo	e Not While	fectory,	OF INJURY (Home, far street, office bldg., etc		ity or town)	(County	()	(Stete)
		that (I) (this hospi	tal) after	nded the deseased fi	that dea	an L,	19.05, Id			chat (I) (date stated	
	22e. SIGNATURI	July	La	ny	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.		11-	PATE
	22c. PHYSICIAN NAME (Typ		n Fas	ssett, M.D.		727 P	ine S	t., Cam	bridge	e, Md.	
230	BURIAL, CREMA REMOVAL (Specif Burial	Nov. 23	,1966	Petersburg				Hurlock			ete)
24	J. J. F1	duplow 11	Son,	ADDRESS Federalsburg	, Md	MO		STRAR 256. RE	GISTRAR'S SIC	1 0 0	

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Nov. 29,1955 Paterranurg Cametury

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15613	CERTIFICATE	OF DEATH		15616
1. PLACE OF DEATH			here deceased lived, if institution:	: Residence before odmission)
o. COUNTY Desches fee	MARYLAND	o. STATE	b. COUNTY	comico.
b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 16		side carparate limits, write RURAL	
CAMBRIDGE:	Jines	SHISD	sei.	22-20
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, given	re street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
EARSTERN Shore State	HESPITAT	321 Sist	Locust St.	YES NO-E
3. NAME OF First	Middle	Lost	4. DATE Month	Day Year
(Type ar print)	MAE 4	Uhite	OF DEATH NOV	12 1966
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		FUNDER 1 YEAR   IF UNDER 24 HR. Manths Days Haurs Min.
Fm. WIDOWED		5-5-91	75 Yrs.	6 7
	O OF BUSINESS OR USTRY	-	State, ar fareign cauntry)	12. CITIZEN OF WHAT
_Housewife at	home	SUSSEX C		COUNTRY'S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
BEN MARTINZILINGS		MARI	TOOMEY.	
	OCIAL SECURITY NO. 17. 18 0-1.0-8066D	NFORMANT Mae Hi	11 (Dau hter)	, MED, Record
220	200000	ASTERN S	hore State	HOSPILAL.
18. CAUSE OF DEATH (Enter only one cause per line for (c PART I. DEATH WAS CAUSED BY:	1), (b), and (c).) 3:	21 E. pocus	St., Salisbury	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	monorq	en to	13/LL	OKSET AND SEATH
Conditions, if ony, which gove	1.0	1 2	D O	
rise to immediate cause (a)	the water	11201	to me	
stoting the underlying couse DUE TO	1			
	DEATH BUT NOT BELATED TO T	UF TERMINAL DISEASE CONF	NITION CHUTH IN BART 1/-1	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KELATED TO T	HE TERMINAL DISEASE CONL	JITION GIVEN IN PART I(0)	PERFORMED?
20g. ACCIDENT WAS UNDERLYING \( \square\)	DIDE HOW INTERV OCCURRED /	Fata and a finite to 0		YES NO [
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED. (	enter noture of injury in Po	art i or ram ii at item 18.)	
(IF ETITIEK, NOTIFT MEDICAL EXAMINEK)	JRY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm,	20f. (City ar town)	(County) (State)
Haur o.m. While	Nat While facto	ry, street, affice bldg., etc.)	Zor. (City di Towil)	(County) (State)
21. I certify that (I) (this haspital) attende	ot work	. 19	An.	10 41-4 (1) (- ) 1
saw the deceased glive an	19 and that	death accurred at	A STATE OF THE STA	_, 19, that (I) (we) lo d an the date stated above
220. SIGNATURE	2	h		22b. DATE SIGNED
Jose W Kseel 21	Palloliging		MED. STAFF DIRECTOR PHYS.	11-12.66
22c. PHYSICIAN'S NAME (Type) Folk William Rises	1. 1	22d. ADDRESS	V. 1	0
NAME (Type) 0 2 2 1 1 2 C	Kert	F-Ner	~ Mark	ex
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Specify) Burial Nov. 16.1966	Wicomico Memo	rial Park	Salisbury M	a milana
24 FUNERAL DIRECTOR	ADDRESS			TRAR'S SIGNATURE
Tours you . Bale tell	Maryland	DATE N	OV 15 1966 K	marley Judge

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages than should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after dept VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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		rchester		MARY	LAND	2. USUAL RESI			aceased lived, II b. COU		-	ster	dmission)
		(if outsida corporata limits, d giva naarast town) C	c.	Life	Y IN 1b			outside cor	porata limits, wri	ta RURAL er	nd giva	nearest tow	n)
		Maryland Hos		, give streat eddr	ess)	512 Gol		oroug	h Avenue				A FARM?
3.	NAME OF DECEASED (Type or print)	RAYMOND		Middle D.		WILLEY		4. DATE OF DEATI	Mon		Day	Yaar	66
5.	Male Male	6. COLOR OR RACE 7. M	ARRIED			darch 4, 1	1907		last birthday) 59 yrs.		1 YEAR Days	IF UNDER Hours	24 HRS. Min.
do	na during most of we highway Ma	FION (Give kind of work orking life, even if refired)		of Business or State Hi		Cambric				)   12. Cl	US.	F WHAT C	OUNTRY?
13.	FATHER'S NAME	Howard Willey				14. MOTHER'S MA							
	NO (NO	YER IN U.S. ARMED FORCES? If yas giva war or datas of service	)	unk	Mr	nformant s. Raymond	d D.	Will	ey, Cami		, M	aryla	nd
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a)				arction						ERVAL BET	
	Conditions, if engage rise to immed (a), stating the cause last.	inderlying DUE TO								NA H			
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDITIONS  (c)  (AS UNDERLYING   20			_					VEN IN PAR		9. WAS A PERFO	
	OR CONTRIBUTING	CAUSE OF DEATH	D. DESCRI	DE HOW INJURY	OCCORRE	D. (Entar nature of in	lury in	rall   or rar	i ii or iiem ia.;				
MEDICAL	Hour a.m.		20d, INJU Whila at work	Not Whila at work	2De. PLA facto	CE OF INJURY (Hom- ory, straat, offica blds	e, farm, g., atc.)	2Df. (Ci	ty or town)	(Co	unty)		(State)
	saw the decea	that (I) (this hospital) sed alive on11,4.3				1/1/60 death occurred						e stated	above.
	22a. SIGNATURE	John?	m	-ce J	) , M.		DI	ED.	STAFF PHYS.			22b	SIGNED
	22c. PHYSICIAN'S	John Mace						dge,					
	REMOVAL (Spacify Burbal	Nov 6, 196		orcheste		morial Pay		Cami	oridge,	Maryl	and		lete)
24	FUNERAL DIRECTO	r's signature Funeral Servic	ce, Ca	ambridge	, Mai	yland DA	VIC	D BY REGIS	1966 re	gistrar's	-00	Juda	e.

VR A15 (4) 2DM S-63

4 5 7 Walter Bridge Bridge Van Bridge Stephy Police to a de la contraction del contraction de la con Byweller and Jan 18 . Albert at Area 

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STA	RTE/		15615 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15618
ALTH D	EPT.		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
3 ta Page	death.		OCOUNTY DORCHESTER MARYLAND O. STATE MARYLAND D. COUNTY CAROLIVE
3. P.	dec	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL, and give nearest town)
PM3.	partm		Ampridge (Kural) 4mon 22 doup VENTOD
es 1, 7 farm	Dep	_	ON A FARM?
iges h fa	State Department 2 haurs after deal		ASTERN Share State Hospital 103 South 71- St. YES NO NAME OF First Middle Lost 4 DATE Month Ooy Year
Item 18. Give Pag Office along with	with the St within 72		DECEASED Type or print) ANNA bell Williamson DEATH NOV. 21 19 66
Giv	ith i	5.	FY A COLOR OF PACE 17 MARRIED TO MEYER MARRIED TO 1 R DATE OF RIPTH 19 AGE (IN YEARS 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS
9 9	2 W		F WIOOWED DIVORCED 1161880 86 yrs.
Tem Office	event		USUAL OCCUPATION (Give kind of work done no if retired)  10b. KINO OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF-WHAT COUNTRY2
in er's	any any		FATHER'S NAME 14. MQTHER'S MAIDEN NAME
pencil	8 =	13.	111:11:Am Lord Russum
3.5 1	a du	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Jour Jical	permit. moval,	(Ye	s, no, or unknown) (If yes give wor or dotes of service) - Medical Records Eastern Shere State Hospital
d "pending" ir Chief Medical I			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  INTERVAL BETWEEN
hief	burial-transit matian, ar re		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) MYCCARDIAL FAILURE  ONSET AND DEATH  ONSET AND DEATH
ward he (	ial-t tian,		Conditions, if ony, which gove) (b) FRACTURE NECK L. FEMUR YWEEKS
the	a bui		rise to immediate couse (a), stoting the underlying cause DUE TO
ing	as —		lost. (c)
e, writing the farwarded ta	burial,	VION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES 7 NO 15
ficat	d be	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
certif ould es.	should t, priar	IL CER	PRIMARY OF CONTRIBUTING FELL IN CORRIDER OF HOSPITAL
e s	5	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County) (Stote) 45881045 MD.
Pag ar y	IRECTOR: Podesignated		21. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspectian [ ], Inquiry [ ], and in my opinion
tar.	Signe Signe		deoth resulted from: Natural causes 🔲 , Accident 🔼 Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌
leas direc	de:		ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL ACTUAL ACTUAL ACTUAL SIGNATURE ACTUAL ACTUA
cessary, p e funeral may be re	ZAL or its	П	DEPUTY MEDICAL EXAMINER (
e funera may be	O FUNERAL DIRECTOR: Page Health ar its designated age		NAME (Type) JOHN MACE JR. Address (Street, city, town, or county)
the 5 m	TO FI	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY CONCORD CORD CORD CONTY) (State)  PRINCIPLE OF CONCORD CORD CORD CORD CORD.
VR A1	5ME (5)	24	FUNERAL DIRECTOR ADDRESS 250, REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1/66		Leaved for Day be Mich bate

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1561	S	STICKL K	LOLA	CERTIF	ICATI	OF DEAT		CEI, DAL	TIMO	(E 1, M)	561	9
1.	PLACE OF DEATI	H					2. USUAL RESIDE	NCE (When				sidence befor	e admission)
		ester			MAI	RYLAND	e. STATE	aryla	and	b. COUNT		rche	ster
	b. CITY OR TOW write RURAL	N (if outside co	rporate limits	s,	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN	(If outside	corporate lin	nits, wri	te RURAL e	nd give nea	rest town)
	Cambr		st tonn)		KILALI	100	C	ambri	dge		0	911	
	d. NAME OF HOS	SPITAL OR INSTI	TUTION (If no	ot in hos	pital, give street	address)	d. STREET ADDRES	SS				e. IS I	RESIDENCE A FARM?
	Cambr	idge-Mo	d. Hos	pit	al		Arcade .	Apts.	Race	St		YES	NO
3.	NAME DF DECEASED		First		Middle		Last	4. DI	ATE	Month		Day	Year
	(Type or print)		Izabet	h	Charlot		Wright		EATH N		mber	10 1	
5.	SEX	6. COLOR OR I	RACE 7. MAF	RRIED	NEVER MARR		B. DATE OF BIRTH		9. AGE (In			YEAR IF UN	
	Fe	White		OWEDX			ug.1,188		81	yrs.			
10a	. USUAL OCCUPAT Ing most of work	TON (Give kind of ing life, even if	retired)	IDB. KIN	D OF BUSINESS OUSTRY	OR	11. BIRTHPLACE	(County & S	State, or foreign	1 country)	12. CII	IZEN OF WI	tAI
-10	Clerk			Dep	t. Stor	9	Dorches	ter,	Maryl	and	U.	S.	
13.	FATHER'S NAM	E					14. MOTHER'S M						
	Georg	e Doen	ges Sr	3			Dorot	hy So	chott	444			
(Ye	. WAS DECEASED	EVER IN U.S. ARN (If yes give war or	TED FORCES? dates of service)	) 16. S	OCIAL SECURITY	NO. 17.	INFORMANT			Addres:	veden	ce Av	е.
	No				2-12-91		rs. Loui	se Wi	right		pride	ze Md	•
					e for (a), (b), and							ONSET AN	D DEATH
	PART I. DE	EATH WAS CAUS IMMEDIATE C	AUSE (a)	Term	inal Bro	ncho I	Pneumonia	DE				2 d	ays
	331X		DUE TO	Urem	ia							2 4	
	Conditions, if gave rise to		(b)	or cm	La							2 da	ays
	cause (a), st	tating the	DUE TO	Cere	heral her	morrh:	age, left				- 1	3 da	2110
Z	underlying caus		(6)		-		TED TO THE TERMINA	N DISEASE	CONDITIONS	IVENINE	ART1(a)		AUTOPSY
ATIC		rioscler			alized	INOTRELA	TED TO THE TERMINA	IL DISLASE	CONDITIONS	I V LIV III I	A((12(0)		ORMED?
IFIC	20a ACCIDENT	WAS UNDERLYE	NG CT 12			IURY OCCU	RRED. (Enter nature	of Inlury	In Part I or P	Part II of	Item 18.)	I IES IA	Мо
CERTIFICATION	OR CONTRIBUTI	ING CAUSE OF TIFY MEDICAL E	F DEATH EXAMINER)			30111 0000	IIIED: (Eller Hater						
MEDICAL	20c. TIME OF Hour a.r	INJURY Month,			Not While		CE OF INJURY (Home ry, street, office bldg		Of. (City or 1	town)	(Coun	ity)	(State)
MEC	p.i		19 a	While it work [	at work								
	21. I certif	iy that (I) (#A16	अध्यक्षिका) a	ttended	the deceased	110111		1966	toNovem			, that (I	
			n Novem	ber	19 66	, and that	death occurred a	t7:200	f, from the	causes a		e date sta	ted above.
	22a. SIGNATU	RE EVOD	0	21	Vanor		ATTENDING PHYS.	MED.	STAF	F		12-66	
	22c, PHYSICIA	N'S	relife	11	Lad!	M.D	PHYS. ADDRESS	DIRECTO	OR PHYS	S.			
	NAME (T		ridge I	H. W	olff, M.I	D.	615 Locu	st Sti	ceet, C	ambr	idge.	Marv	and
232			DATE THEREO				OR CREMATORY		LOCATION				(State)
	REMOVAL (Spi	eclfy)	/12/66		Christ	Chur	ch Cemet	Ant (	'amland	200	Men	nallen	2
24	. FUNERAL DIRE	ECTOR _			ADDRESS	Julia	25a.	REC'D BY	REGISTRAR	25b. RE			E

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	15617 CE	RTIFICATE	OF DEATH	1	1:	620	
1.	PLACE DF DEATH a. COUNTY DORCHESTER	MARYLAND	2. USUAL RESIDENCE a. STATE MARUIT	CE (Where deceased live	ed, If institution: Reb. COUNTY	sidence before	admission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)	H GF STAY IN 1b	c. CITY OR TOWN (IF		mits, Write RURAL	and give near	est town)
	d. NAME DE HOSPITAL DR INSTITUTION (IF not In hospital, giv	e street address)	d. STREET ADDRESS	Borg		e. IS RE DN A YES	FARM?
3.	NAME DF First N DEGEASED (Type or print)	fiddle / / / o	Last	4. DATE DF DEATH	Month		ear
5.	257	MARRIED 8.		9. AGE (II			ER 24 HRS
1Da	LUSUAL DCCUPATION (Give kind of work done 10b. KIND OF BUS ling most of working life, even if retired) INDUSTRY			ounty & State, or foreign	m country) 12. Cl	TIZEN OF WHA	aT .
15	FATHER'S NAME  SAMES H. STEWART  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC.  15, no, or unknown) [(If yes give war or dates of service)]		14. MOTHER'S MAID MARY NFORMANT	E. BAL	Address		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: Metas:		rcinoma	ikette Vi	ENNA. E.	FD BO INTERVAL B ONSET AND	ETWEEN DEATH
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO  DUE TO  (b)  DUE TD						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE   DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED TO THE TERMINAL D			YES _	NO
MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCC Hour a.m. p.m. 19   at work   at work   at work	hile factory	E OF INJURY (Home, fa , street, office bldg., e		town) (Cou	ity)	(State)
	21. I certify that (I) (this hospital) attended the de saw the deceased arive on 19 22a. SIGNATURE		nuary 1, 1 death occurred at	,	causes and on th	6, that (I) (le date state) TE SIGNED	
	22c. PHYSICIAN'S NAME (Type)	M.D.	PHYS. 22d. ADDRESS	MED. STAI		16-66	
238	REMOVAL (Specify)	ME OF CEMETERY			(City, town or cou	nty) (S	State)
24		YRd. R+#	SAL STATE		25b. RÉGISTRAR'S	signature ander 1	ndal

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or Pymoval, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

/R AI5 (4)

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